THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

IN THE SUPREME COURT OF THE STATE OF NEVADA

-o0o-

KIMBERLY KLINE,

Appellant,

vs.

CITY OF RENO; CANNON COCHRAN MANAGEMENT SERVICES, "CCMSI"; the STATE OF NEVADA DEPARTMENT OF ADMINISTRATION, HEARINGS DIVISION, an Agency of the State of Nevada; the STATE OF NEVADA DEPARTMENT OF ADMINISTRATION APPEALS DIVISION, an Agency of the State of Nevada; MICHELLE MORGANDO,, ESQ., Sr. Appeals Officer; RAJINDER NIELSEN, ESQ., Appeals Officer; ATTORNEY GENERAL AARON FORD, ESQ.,

Respondents.

Supreme Court No. 82608

Injured Worker Appellant's Appeal of the

Second Judicial District Court,

The Honorable Connie Steinheimer's Order

of the Appeals Officer's Decision of the Department of Administration

APPELLANT'S APPENDIX

Volume VII

Pages 1501 - 1750

HERB J. SANTOS, JR., ESQ.
Nv Bar No 4376
The Law Firm of Herb Santos, Jr.
225 S. Arlington Avenue, Suite C
Reno, Nevada 89501
(775) 323-5200
herb@santoslawfirm.com
Attorney for the Appellant

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

ALPHABETICAL INDEX

THE LAW FIRM OF HERB SANTOS, JR.
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THE LAW FIRM OF HERB SANTOS, JR.
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Tel: (775) 323-5200 Fax: (775) 323-5211

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby certify that the preceding documents, ***APPELLANT'S APPENDIX VOLUMES I - IX***, filed in Supreme Court case number 82608, do not contain the social security number of any person.

DATED this 18 day of January, 2022.

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C
Reno, Nevada 89501

By _____

HERB SANTOS, JR., Esq.
Attorney for Petitioner

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

Impression:
1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7.
2. Mobile spondylolisthesis at C4-5.
3. Failed conservative therapy.
4. Minimal spondylosis, L3-4, L4-5 and L5-S1.
5. Worsening symptoms and stenosis on MR
6. Cord compression and failed conservative therapy

I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

The procedure would entail anterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general anaesthetic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and potential anaesthetic related problems to be discussed with anaesthesiology preoperatively. Risk of spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Horner's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient. It was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneurosurgery.com to further review conservative and surgical treatment options and www.spineuniverse.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything.
I explained that because of the degree of stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable.

Plan:
1. Routine preop workup

1. Neck pain
M54.2: Cervicalgia

2. Cervical spondylosis
M47.812: Spondylosis without myelopathy or radiculopathy, cervical region

3. Spinal stenosis in cervical region
M48.02: Spinal stenosis, cervical region
- ANTERIOR CERVICAL DISCECTOMY AND FUSION FOR DECOMPRESSION (SURG)
- tramadol 50 mg tablet - Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain. Qty: 90 tablet(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 05295

4. Body mass index 25-29 - overweight
Z68.29: Body mass index (BMI) 29.0-29.9, adult

Discussion Notes
I

Return to Office
None recorded

athena 4/25/2017 2:33:21 PM

Electronically Signed by: LALI H SEKHON, MD
04/25/2017 11:29 AM

Received
APR 25 2017
CCMSI-Reno

15853E839641

SIERRA NEUROSURGERY GROUP NEURO - 75 PRINGLE WAY, RENO NV 89502-1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

Patient

Name	KLINE, KIMBERLY (37yo, F) ID# 147855	**Appt. Date/Time**	04/25/2017 11:00AM
DOB	10/07/1979	**Service Dept.**	SIERRA NEURO PRINGLE_NEURO
Provider	LALI H SEKHON, MD		
Insurance	Med Worker's Comp: CCMSI Case # : 15853E839641 Case Injury Date : 06/25/2015 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

CC:
1. Neck Pain and Stiffness
2. Left arm numbness and pain

Patient's Care Team

Primary Care Provider: JENNIFER M LEARY APN: 645 N ARLINGTON AVE STE 600, RENO, NV 89503, Ph (775) 322-3393, Fax (775) 322-3385 NPI: 1609160316
Insurance Adjuster (Worker's Comp): LISA JONES: Ph (775) 324-9891, Fax (775) 324-9893

Patient's Pharmacies

WALGREENS DRUG STORE 05285 (ERX): 750 N VIRGINIA ST, RENO NV 89501, Ph (775) 337-8703, Fax (775) 337-8730

Vitals

Ht:	5 ft 7 in 04/25/2017 10:56 am	**Wt:**	178 lbs 04/25/2017 11:02 am	**BMI:**	27.9 04/25/2017 11:02 am
HR:	65 04/25/2017 11:02 am	**BP:**	128/89 sitting R arm 04/25/2017 11:03 am	**Pulse:**	66 bpm 04/25/2017 11:03 am
RR:	16 04/25/2017 11:03 am	**Pain Scale:**	4 04/25/2017 11:03 am		

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

PROzac 40 mg capsule — 04/03/17 entered
Take 1 capsule(s) every day by oral route.

traMADol 50 mg tablet — 04/25/17 prescribed
Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain.

Vaccines

None recorded.

Problems

Reviewed Problems
- Body mass index 25-29 - overweight - Onset: 07/05/2016
- Cervical spondylosis - Onset: 07/05/2016
- Spinal stenosis in cervical region - Onset: 07/05/2016
- Neck pain - Onset: 07/05/2016

Family History

Reviewed Family History

Father	- Arthritis
Mother	- Family history of cancer (onset age: 65)

Social History

SIERRA NEUROSURGERY GROUP NEURO • 77 PONDELE WAY, RENO NV 89502 1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

Reviewed Social History
Smoking Status: Never smoker
Advance directive: N

Surgical History

Reviewed Surgical History
1. Ankle sprain with surgery
2. Cholecystectomy

GYN History

Are you pregnant?: N.

Past Medical History

Reviewed Past Medical History

HPI

7.5.16
Dear Jeff,
I had the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for assessment of cervical radiculopathy. Kimberly Kline is a very nice 36-year-old woman. She relates that she has had back and cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in June 2016. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room. Initially, she had neck pain and tightness in her neck. She was commenced on medication. She was commenced on physical therapy. She also had chiropractic. In January of this year, she started developing severe left arm pain. The pain has somewhat settled but she still has numbness and aching in the arm. She had an epidural, this did not really help her. When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She has done extensive physical therapy. She has never had arm symptoms before these injections.

4.3.17
Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. This pain continues to extend down the left arm following the left C6 distribution. Most of the symptoms are in the left arm and rated at times at a 8/10. The continues to limit her ability to sleep at night. The symptoms may be slightly improved but overall are very similar to the intensity she had last July.

4.26.2017:
REturns. Arm worse. Options discussed. Wants surgery.

ROS

Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.

Physical Exam

Patient is a 37-year-old female.

1) Vital signs review- BP/Pulse/temp/RR
2) Well nourished and normally developed
3) Patient is oriented to time, place person. Cranial nerves II-XII were assessed.
4) No varicosities or edema
5) Normal gait and station
6) Coordination is normal in all 4 extremities. Tandem gait and Romberg's tested.
7) Muscle strength and tone were examined in both UE/LE
8) Sensation is was tested to pinprick and light touch in UE/LE
9) Deep tendon reflexes tested in UE/LE. Hoffman's and Babinski tested.
10) Mood and affect assessed
11) No cervical lymph nodes palpable

CERVICAL
12) Neck, shoulders and low back have normal range of motion with no scars. Palpated for tenderness.
13) Arms have normal range of motion with no scars

LUMBAR
14) Neck, hips and low back have normal range of motion and no scars. Palpated for tenderness.
15) Legs normal hip rotation and negative SLR and no scars

All the above systems and subsystems were examined and NORMAL except for findings described below:

SIERRA NEUROSURGERY GROUP, NEURO - 75 PRINCE WAY, RENO NV 89502-1475

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

She had a reduced range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, biceps and triceps on the left. She had depressed reflexes in the left upper extremity.

Assessment / Plan

Imaging:
MRI from RDC from January 2016 again reviewed:
I independently reviewed and assessed the imaging. I also reviewed all imaging reports.
On her plain x-rays and MRI scan, she has loss of cervical lordosis. She has severe cord compression in the left greater than right at C5-6 and C6-7. She has a mobile C4-5 spondylolisthesis with moderate stenosis.

2017 imaging: C5/6 stenosis has progressed.

Impression:
1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7.
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Plan:
1. Routine preop workup

1. Neck pain
M54.2: Cervicalgia

2. Cervical spondylosis
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- ANTERIOR CERVICAL DISCECTOMY AND FUSION FOR DECOMPRESSION (SURG)
- tramadol 50 mg tablet - Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain. Qty: 90 tablet(s) Refills: 0
  Pharmacy: WALGREENS DRUG STORE 05295

4. Body mass index 25-29 - overweight
Z68.29: Body mass index (BMI) 29.0-29.9, adult

Discussion Notes

SIERRA NEUROSURGERY GROUP NEURO - 75 PRINGLE WAY, RENO NV 89502-1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Lall H Sekhon, MD, 04/25/2017.

Encounter performed and documented by Lall H Sekhon, MD
Encounter reviewed & signed by Lall H Sekhon, MD on 04/25/2017 at 11:29am

NNM- Northern Nevada Medical Center

Diagnostic Imaging Report
2375 E. Prater Way
Sparks, NV 89434-

Patient: KLINE, KIMBERLY
Accession #: 04-XR-17-010050
Physician: Sekhon,Lali MD
MRN: NNM657009

ACCT#: NNM0000048874580
DOB: 10/7/1979 Sex:Female
Visit Type: Preadmit IP
Location: NNM PRE

Imaging

PROCEDURE	EXAM DATE/TIME
XR Chest 2 Views	5/31/2017 14:55 PDT

PROCEDURE: XR Chest 2 Views

HISTORY: Preoperative cardiopulmonary evaluation

COMPARISON: None

FINDINGS: The lungs and pleural spaces are clear. The cardiomediastinal structures are normal. There are no acute bony abnormalities. There are degenerative changes of the cervical spine partially visualized. There are multiple metallic clips in the gallbladder fossa.

IMPRESSION: No active disease in the lungs.

This document was electronically signed and dictated by Randall Pierce on 5/31/2017 14:57.
***** *Final* *****

Dictated by: Pierce, Randall A Dictated DT/TM: 05/31/2017 2:56 pm
Transcribed By: RAPTranscribed by: RAP Transcribed DT/TM: 05/31/17 14:56:13
Electronically Signed by: Pierce, Randall A Signed DT/TM: 05/31/2017 2:57 pm

KLINE, KIMBERLY ID:000657009 31-MAY-2017 12:40:36 Northern Nevada Medical Center-PREADM ROUTINE RECORD

07-OCT-1979 (37 yr)
Female

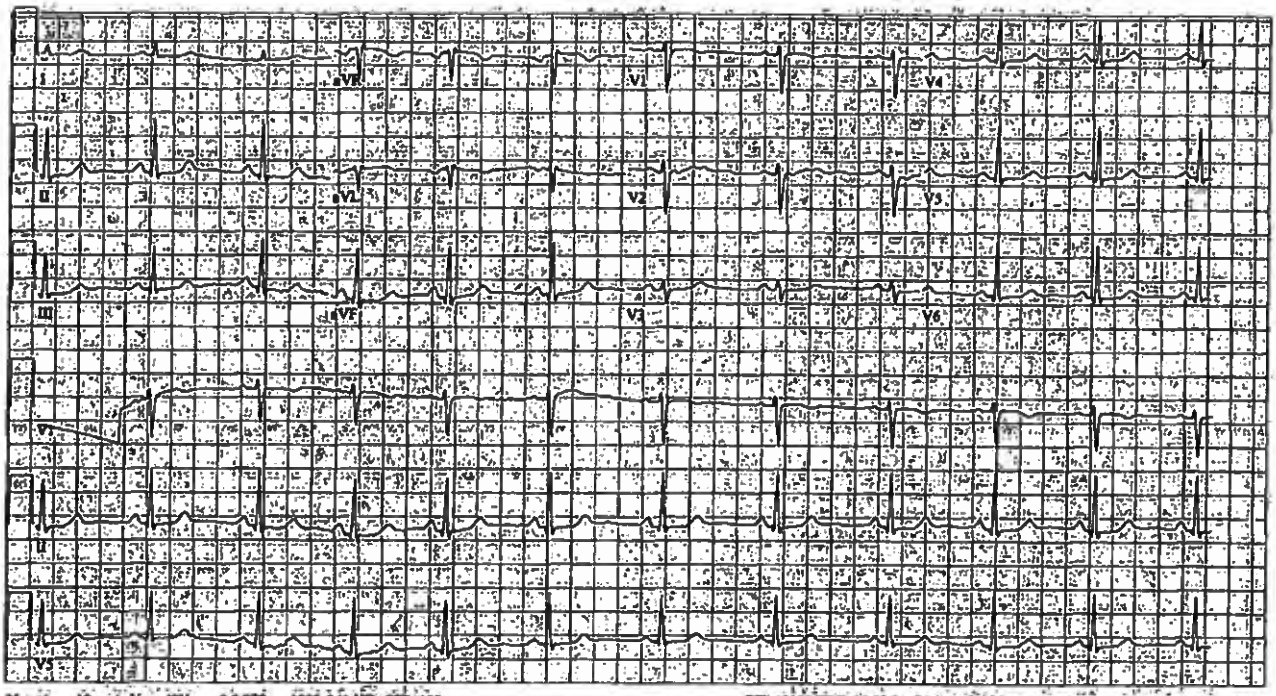
Room:
Loc:3

Vent. rate	68	BPM
PR interval	136	ms
QRS duration	82	ms
QT/QTc	412/438	ms
P-R-T axes	74 81	68

Normal sinus rhythm with sinus arrhythmia
Normal ECG
No previous ECGs available
Confirmed by Fuller MD, Colin (10102) on 6/1/2017 8:33:18 AM

Technician: CL
Test ind:cardiopulmonary evaulation

Referred by: 'Leary' Confirmed By: Colin Fuller MD



25mm/s 10mm/mV 40Hz 8.0 SP2 12SL 241 HD CID: 103

EID:10102 EDT: 08:33 01-JUN-2017 ORDER:4453279367 ACCOUNT: 48874560

Page 1 of 1

Received
JUL 10 2017
CCMSI-Reno

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1475 15863E839644

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 06/08/2017)

Patient Demographics

Patient	Kline, Kimberly M (#147855)
Address	1617 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Referring Provider	

Encounter Notes

Encounter Date	06/08/2017
Chief Complaint	CC: 1. Neck Pain and Stiffness 2. Left arm numbness and pain
History of Present Illness	7.5.16 Dear Jeff, I had the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for assessment of cervical radiculopathy. Kimberly Kline is a very nice 36-year-old woman. She relates that she has had back and cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in June 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room. Initially, she had neck pain and tightness in her neck. She was commenced on medication. She was commenced on physical therapy. She also had chiropractic. In January of this year, she started developing severe left arm pain. The pain has somewhat settled but she still has numbness and aching in the arm. She had an epidural, this did not really help her. When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She has done extensive physical therapy. She has never had arm symptoms before these injections. 4.3.17 Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. This pain continues to extend down the left arm following the left C6 distribution. Most of the symptoms are in the left arm and rated at times at a 9/10. The continues to limit her ability to sleep at night. The symptoms may be slightly improved but overall are very similar to the intensity she had last July. 4.25.2017: REturns. Arm worse. Options discussed. Wants surgery. 6/8/2017: Returns for review. All of her questions were answered. She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work for 6 weeks as was discussed with Dr. Sekhon.
Past Medical History	Reviewed Past Medical History
Past Surgical History	Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy

Medications	Reviewed Medications **PROzac 40 mg capsule** 04/03/17 entered Take 1 capsule(s) every day by oral route. **traMADol 50 mg tablet** 04/25/17 prescribed Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain.
Allergies	Reviewed Allergies NKDA
Social History	Reviewed Social History Smoking Status: Never smoker Advance directive: N
Family History	Reviewed Family History Father - Arthritis Mother - Family history of cancer (onset age: 65)
Review of Systems	**Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.**
Physical Exam	Patient is a 37-year-old female. 1) Vital signs review- BP/Pulse/temp/RR 2) Well nourished and normally developed 3) Patient is oriented to time, place person. Cranial nerves II-XII were assessed. 4) No varicosities or edema 5) Normal gait and station 6) Coordination is normal in all 4 extremities. Tandem gait and Romberg's tested. 7) Muscle strength and tone were examined in both UE/LE 8) Sensation is was tested to pinprick and light touch in UE/LE 9) Deep tendon reflexes tested in UE/LE. Hoffman's and Babinski tested. 10) Mood and affect assessed 11) No cervical lymph nodes palpable CERVICAL 12) Neck, shoulders and low back have normal range of motion with no scars. Palpated for tenderness. 13) Arms have normal range of motion with no scars LUMBAR 14) Neck, hips and low back have normal range of motion and no scars. Palpated for tenderness. 15) Legs normal hip rotation and negative SLR and no scars All the above systems and subsystems were examined and NORMAL except for findings described below: She had a reduced range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, biceps and triceps on the left. She had depressed reflexes in the left upper extremity.
Labs/Data/Imaging	N/A
Procedure Details	None recorded
Assessment and Plan	Imaging: MRI from RDC from January 2016 again reviewed: Doctor Sekhon independently reviewed and assessed the imaging. I also reviewed all imaging reports. On her plain x-rays and MRI scan, she has loss of cervical lordosis. She has severe cord compression in the left greater than right at C5-6 and C6-7. She has a mobile C4-5

spondylolisthesis with moderate stenosis.

2017 imaging: C5/6 stenosis has progressed.

Impression:
1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7.
2. Mobile spondylolisthesis at C4-5.
3. Failed conservative therapy.
4. Minimal spondylosis, L3-4, L4-5 and L5-S1.
5. Worsening symptoms and stenosis on MR
6. Cord compression and failed conservative therapy

Doctor Sekhon offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

The procedure would entail anterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general anaesthetic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and potential anaesthetic related problems to be discussed with anaesthesiology preoperatively. Risk of spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Horner's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient. It was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneurosurgery.com to further review conservative and surgical treatment options and www.spineuniverse.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything.
I explained that because of the degree of stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable.

Plan:
1. Routine preop workup - reviewed as stable
2. Work note for 6 weeks off from work, return to work anticipated and discussed was 7/27/2017.

1. Neck pain
M54.2: Cervicalgia
- WORK RESTRICTIONS, GENERAL - Note to Provider: Patient to remain off from work for 6 weeks from date of sugery. Surgery 6/12/2017. Expected return to regular duties 7/27/2017.

2. Cervical spondylosis
M47.812: Spondylosis without myelopathy or radiculopathy, cervical region

3. Spinal stenosis in cervical region
M48.02: Spinal stenosis, cervical region

4. Body mass index 25-29 - overweight
Z68.29: Body mass index (BMI) 29.0-29.9, adult

Discussion Notes
I

Return to Office
- Lall H Sekhon, MD for SURGERY at NNMC_INPT on 06/12/2017 at 11:00 AM
- Curt Erickson, PAC for ASSIST at NNMC_INPT on 06/12/2017 at 11:00 AM
- Curt Erickson, PAC for 2 WEEK POST-OP at SIERRA NEURO PRINGLE_NEURO on 06/26/2017 at 10:00 AM
- Curt Erickson, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/26/2017 at 10:15 AM

PA-C

Electronically Signed by: GREGORY GRAVES, PAC, PA-C
06/08/2017 10:26 AM

15853E839641

SIERRA NEUROSURGERY GROUP NEURO - 75 PRINGLE WAY, RENO NV 89511-1475

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

Patient

Name	KLINE, KIMBERLY (37yo, F) ID# 147855	Appt. Date/Time	06/08/2017 10:00AM
DOB	10/07/1979	Service Dept.	SIERRA NEURO PRINGLE_NEURO
Provider	GREGORY GRAVES, PAC		
Insurance	Med Worker's Comp: CCMSI Case # : 15853E839641 Case Injury Date : 06/25/2015 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

CC:
1. Neck Pain and Stiffness
2. Left arm numbness and pain

Patient's Care Team

Primary Care Provider: JENNIFER M LEARY APN: 645 N ARLINGTON AVE STE 600, RENO, NV 89503, Ph (775) 322-3393, Fax (775) 322-3385 NPI: 1608160316
Insurance Adjuster (Worker's Comp): LISA JONES: Ph (775) 324-9891, Fax (775) 324-9893

Patient's Pharmacies

WALGREENS DRUG STORE 05295 (ERX): 750 N VIRGINIA ST, RENO NV 89501, Ph (775) 337-8703, Fax (775) 337-8730

Vitals

Ht:	5 ft 7 in 06/08/2017 10:02 am	Wt:	175 lbs 06/08/2017 10:02 am	BMI:	27.4 06/08/2017 10:02 am
BP:	116/76 06/08/2017	T:	98.2 F° oral	Pulse:	72 bpm 06/08/2017
RR:	16 06/08/2017 10:02 am	O2Sat:	98% 06/08/2017 10:03 am	Pain Scale:	5 06/08/2017 10:03 am

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

PROzac 40 mg capsule 04/03/17 entered
Take 1 capsule(s) every day by oral route.

traMADol 50 mg tablet 04/25/17 prescribed
Take 1 tablet(s) EVERY 4-6 HOURS by oral route, pm pain.

Vaccines

None recorded.

Problems

Reviewed Problems
- Body mass index 25-29 - overweight - Onset: 07/05/2016
- Cervical spondylosis - Onset: 07/05/2016
- Spinal stenosis in cervical region - Onset: 07/05/2016
- Neck pain - Onset: 07/05/2016

Received
JUN 12 2017
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Family History

Reviewed Family History

Father	- Arthritis
Mother	- Family history of cancer (onset age: 65)

Social History

SIERRA NEUROSURGERY GROUP INCORP - 75 PRINGLE WAY, RENO NV 89502-1475

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

Reviewed Social History
Smoking Status: Never smoker
Advance directive: N

Surgical History

Reviewed Surgical History
1. Ankle sprain with surgery
2. Cholecystectomy

GYN History

Are you pregnant?: N.

Past Medical History

Reviewed Past Medical History

HPI

7.5.16
Dear Jeff,
I had the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for assessment of cervical radiculopathy. Kimberly Kline is a very nice 38-year-old woman. She relates that she has had back and cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in June 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room. Initially, she had neck pain and tightness in her neck. She was commenced on medication. She was commenced on physical therapy. She also had chiropractic. In January of this year, she started developing severe left arm pain. The pain has somewhat settled but she still has numbness and aching in the arm. She had an epidural, this did not really help her. When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She has done extensive physical therapy. She has never had arm symptoms before these injections.

4.3.17
Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. This pain continues to extend down the left arm following the left C6 distribution. Most of the symptoms are in the left arm and rated at times at a 9/10. The continues to limit her ability to sleep at night. The symptoms may be slightly improved but overall are very similar to the intensity she had last July.

4.25.2017:
REturns. Arm worse. Options discussed. Wants surgery.

6/8/2017:
Returns for review. All of her questions were answered. She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work for 6 weeks as was discussed with Dr. Sekhon.

ROS

Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.

Physical Exam

Patient is a 37-year-old female.

1) Vital signs review- BP/Pulse/temp/RR
2) Well nourished and normally developed
3) Patient is oriented to time, place person. Cranial nerves II-XII were assessed.
4) No varicosities or edema
5) Normal gait and station
6) Coordination is normal in all 4 extremities. Tandem gait and Romberg's tested.
7) Muscle strength and tone were examined in both UE/LE
8) Sensation is was tested to pinprick and light touch in UE/LE
9) Deep tendon reflexes tested in UE/LE. Hoffman's and Babinski tested.
10) Mood and affect assessed
11) No cervical lymph nodes palpable
CERVICAL
12) Neck, shoulders and low back have normal range of motion with no scars. Palpated for tenderness.
13) Arms have normal range of motion with no scars
LUMBAR
14) Neck, hips and low back have normal range of motion and no scars. Palpated for tenderness.

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

16) Legs normal hip rotation and negative SLR and no scars

All the above systems and subsystems were examined and NORMAL except for findings described below:

She had a reduced range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, biceps and triceps on the left. She had depressed reflexes in the left upper extremity.

Assessment / Plan

Imaging:
MRI from RDC from January 2016 again reviewed:
Doctor Sekhon independently reviewed and assessed the imaging. I also reviewed all imaging reports.
On her plain x-rays and MRI scan, she has loss of cervical lordosis. She has severe cord compression in the left greater than right at C5-6 and C6-7. She has a mobile C4-5 spondylolisthesis with moderate stenosis.

2017 imaging: C5/6 stenosis has progressed.

Impression:
1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7.
2. Mobile spondylolisthesis at C4-5.
3. Failed conservative therapy.
4. Minimal spondylosis, L3-4, L4-5 and L5-S1.
5. Worsening symptoms and stenosis on MR
6. Cord compression and failed conservative therapy

Doctor Sekhon offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

The procedure would entail anterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general anaesthetic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and potential anaesthetic related problems to be discussed with anaesthesiology preoperatively. Risk of spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Horner's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient. It was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneurosurgery.com to further review conservative and surgical treatment options and www.spineuniverse.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything.
I explained that because of the degree of stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable.

Plan:
1. Routine preop workup - reviewed as stable
2. Work note for 6 weeks off from work, return to work anticipated and discussed was 7/27/2017.

1. Neck pain
M54.2: Cervicalgia
- WORK RESTRICTIONS, GENERAL - Note to Provider: Patient to remain off from work for 6 weeks from date of sugery. Surgery 6/12/2017. Expected return to regular duties 7/27/2017.

2. Cervical spondylosis
M47.812: Spondylosis without myelopathy or radiculopathy, cervical region

3. Spinal stenosis in cervical region
M48.02: Spinal stenosis, cervical region

4. Body mass index 25-29 - overweight
Z68.29: Body mass index (BMI) 29.0-29.9, adult

SIERRA NEUROSURGERY GROUP, NEURO - 75 PRINGLE WAY, RENO NV 89502-1475

KLINE, KIMBERLY M (Id #147855, dob: 10/07/1979)

Discussion Notes

Return to Office
- Lell H Sekhon, MD for SURGERY at NNMC_INPT on 06/12/2017 at 11:00 AM
- Curt Erickson, PAC for ASSIST at NNMC_INPT on 06/12/2017 at 11:00 AM
- Curt Erickson, PAC for 2 WEEK POST-OP at SIERRA NEURO PRINGLE_NEURO on 06/26/2017 at 10:00 AM
- Curt Erickson, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/26/2017 at 10:15 AM

Encounter Sign-Off
Encounter signed-off by Gregory Graves, PAC, 06/08/2017.

Encounter performed and documented by Gregory Graves, PAC
Encounter reviewed & signed by Gregory Graves, PAC on 06/08/2017 at 10:26am

Received
JUN 12 2017
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RECEIVED 06/09/2017 09:08
08/09/2017 08:02 (FAX)775 657 9881 P.001/011

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Michael S. Edwards, MD

Interventional Pain Specialist
Jacob L. Slaka, MD
Kevin Lasko, MD

Christine Canner-Peterson, MS, APRN, CNRN
Wren Ballard, MSN, APRN
Amber Sands, PA-C
Jennifer Minard, MSN, APRN
Jennifer Keller, MSN, APRN
Achila Teixeira-Smith, MSN, FNP-C, BSN
Curt Erickson, PA-C
Greg Graves, MA, ATC, PA-C

5380 Kietzke Lane
Reno, Nevada 89511

75 Pringle Way, Suite 1007
Reno NV 89502

844 West Nye Lane, Carson City, NV, 89706

775.323.2080
888.323.2080
775.323.8216 fax
www.sierraneurosurgery.com

Preop Orders:

1. **No IV's in hands/wrists for all ACDF's.**
2. **Please do not give Dr. Sekhon's patients any preoperative Celebrex.**
3. **Give 1 gram Ancef slow IV to be done by preop nurse.**
4. **If allergic to PCN, and not Ancef, give 1 gram Ancef slow IV (ask anesthesiologist if unclear)**
5. **If allergic to PCN and Ancef, give Vancomycin 1 gram slow IV over 1 hour.**
6. **Knee high TEDS and Sequentials to be put on in preop holding.**
7. **All cervical and lumbar fusions need type and screen.**

Dr. Lali Sekhon MD, PhD, FACS, FRACS

6/9/17 8:55 AM

Received
JUL 24 2017
CCMSI-Reno

Patient name: KIMBERLY KLINE DOB: 10.7.1979, INPATIENT SURGERY 6/12/2017

48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

Received 07/27/2017

RECEIVED 06/09/2017 09:08

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1475

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 06/08/2017)

Patient Demographics

Patient	Kline, Kimberly M (#147855)
Address	1817 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Referring Provider	

Encounter Notes

Encounter Date	06/08/2017
Chief Complaint	CC: 1. Neck Pain and Stiffness 2. Left arm numbness and pain
History of Present Illness	7.5.16 Dear Jeff, I had the pleasure of reviewing your patient, Kimberly Kline, a very nice 36-year-old woman for assessment of cervical radiculopathy. Kimberly Kline is a very nice 36-year-old woman. She relates that she has had back and cervical issues in the past, mainly back, but these were quite manageable, but she was involved in an accident in her work in June 2015. There were actually 2 accidents, she was rear-ended. She was taken to the emergency room. Initially, she had neck pain and tightness in her neck. She was commenced on medication. She was commenced on physical therapy. She also had chiropractic. In January of this year, she started developing severe left arm pain. The pain has somewhat settled but she still has numbness and aching in the arm. She had an epidural, this did not really help her. When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She has done extensive physical therapy. She has never had arm symptoms before these injections. 4.3.17 Dr. Bakhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. This pain continues to extend down the left arm following the left C6 distribution. Most of the symptoms are in the left arm and rated at times at a 9/10. The continues to limit her ability to sleep at night. The symptoms may be slightly improved but overall are very similar to the intensity she had last July. 4.25.2017: RETurns. Arm worse. Options discussed. Wants surgery. 6/8/2017: Returns for review. All of her questions were answered. She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work for 6 weeks as was discussed with Dr. Bakhon.
Past Medical History	Reviewed Past Medical History
Past Surgical History	Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy
Medications	Reviewed Medications PROzac 40 mg capsule — 04/03/17 entered Take 1 capsule(s) every day by oral route. traMADol 50 mg tablet — 04/25/17 prescribed Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain.
Allergies	

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 06/08/2017)

	Reviewed Allergies NKDA
Social History	Reviewed Social History Smoking Status: Never smoker Advance directive: N
Family History	Reviewed Family History Father - Arthritis Mother - Family history of cancer (onset age: 65)
Review of Systems	Additionally reports: The patient completed a review of 18 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.
Physical Exam	Patient is a 37-year-old female. 1) Vital signs review- BP/Pulse/temp/RR 2) Well nourished and normally developed 3) Patient is oriented to time, place person. Cranial nerves II-XII were assessed. 4) No varicosities or edema 5) Normal gait and station 6) Coordination is normal in all 4 extremities. Tandem gait and Romberg's tested. 7) Muscle strength and tone were examined in both UE/LE 8) Sensation is was tested to pinprick and light touch in UE/LE 9) Deep tendon reflexes tested in UE/LE. Hoffman's and Babinski tested. 10) Mood and affect assessed 11) No cervical lymph nodes palpable CERVICAL 12) Neck, shoulders and low back have normal range of motion with no scars. Palpated for tenderness. 13) Arms have normal range of motion with no scars LUMBAR 14) Neck, hips and low back have normal range of motion and no scars. Palpated for tenderness. 15) Legs normal hip rotation and negative SLR and no scars All the above systems and subsystems were examined and NORMAL except for findings described below: She had a reduced range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she had 4/5 weakness in external rotators on the left, biceps and triceps on the left. She had depressed reflexes in the left upper extremity.
Labs/Data/Imaging	N/A
Procedure Details	None recorded
Assessment and Plan	Imaging: MRI from RDC from January 2016 again reviewed: Doctor Seldon independently reviewed and assessed the imaging. I also reviewed all imaging reports. On her plain x-rays and MRI scan, she has loss of cervical lordosis. She has severe cord compression in the left greater than right at C5-6 and C6-7. She has a mobile C4-5 spondylolisthesis with moderate stenosis.

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1476

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 06/08/2017)

2017 imaging: C5/6 stenosis has progressed.

Impression:
1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7.
2. Mobile spondylolisthesis at C4-5.
3. Failed conservative therapy.
4. Minimal spondylosis, L3-4, L4-5 and L5-S1.
5. Worsening symptoms and stenosis on MR
6. Cord compression and failed conservative therapy

Doctor Selchon offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

The procedure would entail anterior cervical diskectomy(ies) (with partial adjacent corpectomies) with fusion using PEEK cages, bone graft substitute and anterior plating with screws. I discussed the
surgical procedure, goals alternatives, risks and potential complications in detail. Risks of a general
anaesthetic include but are not limited to death, cardiorespiratory compromise, MI, DVT, PE and potential anaesthetic related problems to be discussed with anaesthesiology preoperatively. Risk of
spinal cord or nerve root injury, swallowing and voice difficulty, loss of motion, recurrent laryngeal nerve injury-transient or permanent, esophageal injury, Horner's syndrome, CSF leak, infection, hemorrhage, major vessel injury, stroke, non-union hardware failure, swallowing problems, adjacent segment disease etc etc were all discussed in detail and understood by the patient. It was explained the risks of surgery included but was not limited to the preceding list. Discussed no absolute guarantee of success and possible need of further surgery. Discussed regenerating nerve root phenomenon and associated symptoms. I explained that if there is central cervical stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable. A handout was provided. I used the bone model, imaging and handout literature to assist the patient with their decision making. I have answered all questions to the best of my ability. The use of any "off label" FDA products was discussed. All risks relating to this covered. I explained to the patient we may be using neurophysiological monitoring during the case (EMG/SSEP/MEP). We can put them in touch with our monitoring service, if desired for cost breakdowns etc. I recommended to the patient visit our web site www.sierraneurosurgery.com to further review conservative and surgical treatment options and www.spineuniverse.com for more information. The patient was provided with a copy of their dictation and encouraged to contact me with questions if they did not understand everything.
I explained that because of the degree of stenosis and canal compromise, there is a higher risk of cord injury than in a normal population from events such as MVA or falls, if a conservative path is elected. The precise risk is however, not quantifiable.

Plan:
1. Routine preop workup - reviewed as stable
2. Work note for 6 weeks off from work, return to work anticipated and discussed was 7/27/2017.

1. Neck pain
   M54.2: Cervicalgia
   - WORK RESTRICTIONS, GENERAL - Note to Provider: Patient to remain off from work for 6 weeks from date of sugary. Surgery 6/12/2017. Expected return to regular duties 7/27/2017.

2. Cervical spondylosis
   M47.812: Spondylosis without myelopathy or radiculopathy, cervical region

3. Spinal stenosis in cervical region
   M48.02: Spinal stenosis, cervical region

4. Body mass index 28-29 - overweight
   Z68.29: Body mass index (BMI) 29.0-29.9, adult

Discussion Notes
   I

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1478

Kimberly M Kline

37yo F | 10/07/1979 | #147655

Encounter Summary
Date of Service: 06/08/2017)

Return to Office
- Lali H Sekhon, MD for SURGERY at NNMC_INPT on 06/12/2017 at 11:00 AM
- Curt Erickson, PAC for ASSIST at NNMC_INPT on 06/12/2017 at 11:00 AM
- Curt Erickson, PAC for 2 WEEK POST-OP at SIERRA NEURO PRINGLE_NEURO on 06/26/2017 at 10:00 AM
- Curt Erickson, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/26/2017 at 10:15 AM

Electronically Signed by: GREGORY GRAVES, PAC, PA-C
06/08/2017 10:26 AM

SIERRA NEUROSURGERY GROUP NEURO — Kline, Kimberly M (ID: 147655) DOB: 10/07/1979

48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

NNM- Northern Nevada Medical Center

Diagnostic Imaging Report
2375 E. Prater Way
Sparks, NV 89434-

Patient: KLINE, KIMBERLY
Accession #: 04-XR-17-010050
Physician: Seldon,Lati MD
MRN:NNM657009

ACCT#: NNM00000048874580
DOB: 10/7/1979 Sex:Female
Visit Type: Preadmit IP
Location: NNM PRE

Imaging

PROCEDURE	EXAM DATE/TIME
XR Chest 2 Views	5/31/2017 14:55 PDT

PROCEDURE: XR Chest 2 Views

HISTORY: Preoperative cardiopulmonary evaluation

COMPARISON: None

FINDINGS: The lungs and pleural spaces are clear. The cardiomediastinal structures are normal. There are no acute bony abnormalities. There are degenerative changes of the cervical spine partially visualized. There are multiple metallic clips in the gallbladder fossa.

IMPRESSION: No active disease in the lungs.

This document was electronically signed and dictated by Randall Pierce on 5/31/2017 14:57.
**** Final ****

Dictated by: Pierce, Randall A Dictated DT/TM: 05/31/2017 2:56 pm
Transcribed By: RAP Transcribed by: RAP Transcribed DT/TM: 05/31/17 14:56:13
Electronically Signed by: Pierce, Randall A Signed DT/TM: 05/31/2017 2:57 pm

Report ID: 228393475

Page 1 of 1

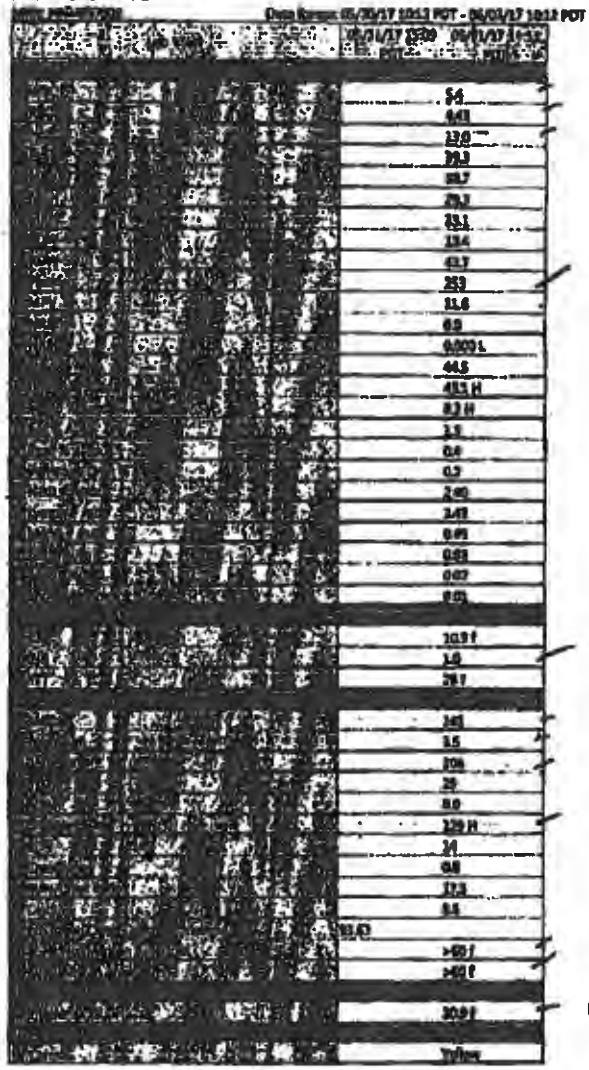
48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

RECEIVED 06/09/2017 09:08
06/09/2017 08:09 FAX775 657 9881 P.007/011
Jan. 2. 2017 10:14AM No. 3536 P 1

Flowsheet Print Request

Patient: KLINE, KIMBERLY

Printed by: Cloyn RN, Donna
Printed on: 06/02/17 10:12 PDT



OK

OK

Page 1

48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

Flowsheet Print Request

Patient: KLINE, KIMBERLY

Printed by: Dyer RN, Donna
Printed on: 06/02/17 1022 PDT

	Clear
	Negative
	Negative
	Negative
	4.815
	Negative
	7.8
	Negative
	1.8 Fluid
	Negative
	Trace *
	6-10 *
	0-2
	Raw *
	>10 *
	Raw
	O POS
	Negative ABSC
	See Result
	See Result

Scp

48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

Received
JUL 8 4 2017
BEMBI-RENO

Jun. 2. 2017 10:15AM
Printed by: Lluyh RN, Ucons
MRN: NNM657009

PATIENT: KLINE, KIMBERLY
C MRSA/MSSA

No. 3536 P. 3
Page 1

Source:Nares - Accession:00004201716100027

Final - 6/2/2017 05:46:08 PDT - Nichol, Mendi
NOT Detected: Methicillin-Resistant Staphylococcus aureus(MRSA)

NOT Detected: Methicillin-Sensitive Staph aureus(MSSA)

OL
AK

This test was performed at the below testing site:
NNM Laboratory, Medical Director: Dr. Phillip Usera, MD, Northern Nevada Medical Center, 2375 E. Prater Way, Sparks, NV,89434

48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

Received
JUL 24 2017
CCMSI-Reno

MicrobiolJun. 2. 2017 10:15AM — Patient: KLINE, KIMBERLY — No. 3536 — P. @ 10:13:09 PDT
Printed by: Guyn RN, Donna — Culture Urine — Page 1
MRN: NNMC657009

Source:U CleanCatch - Accession:00004201718100028O

Final - 6/2/2017 03:22:16 PDT - Nisbet, Mandi
10,000 - 50,000 cfu/ml Escherichia coli

>100,000 cfu/ml Mixed skin flora

Pre - 6/1/2017 11:30:20 PDT - Pastorino, Sarah
10,000 - 50,000 cfu/ml Escherichia coli

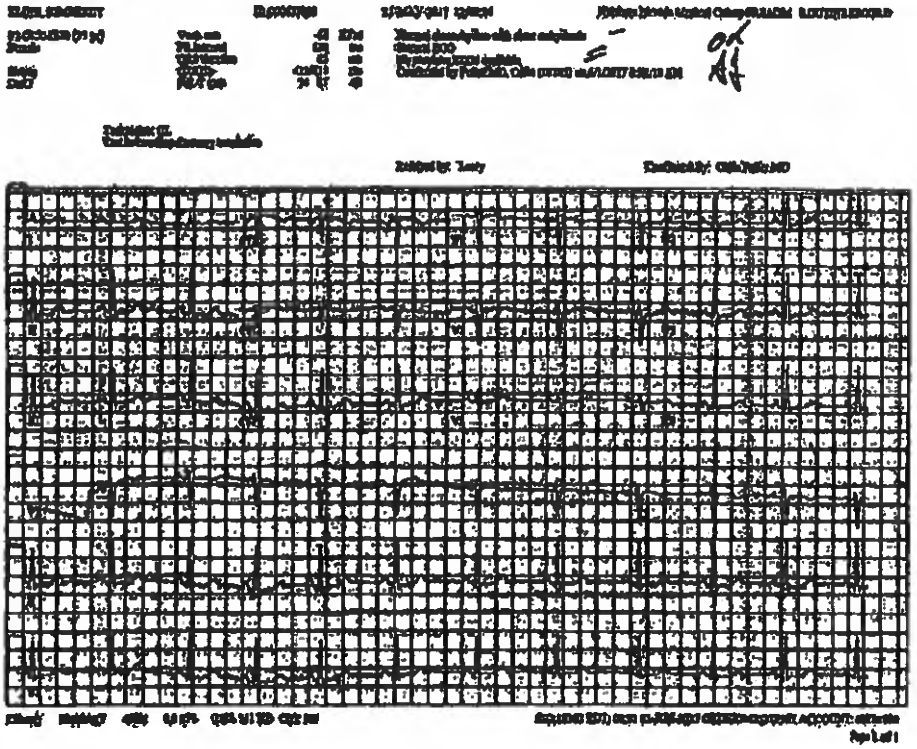
Susceptibility to follow.

>100,000 cfu/ml Mixed skin flora — No tx unless symptomatic

This test was performed at the below testing site:
NNM Laboratory, Medical Director: Dr. Phillip Usera, MD, Northern Nevada Medical Center, 2375 E. Prater Way, Sparks, NV,89434

48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

Received
JUL 2 4 2017
CCMSI-Reno



NNM- Northern Nevada Medical Center
2375 E Prater Way
Sparks, NV 89434-

Patient:	KLINE, KIMBERLY		
MRN:	NNM657009	Admit:	6/12/2017
FIN	NNM0000048874580	Disch:	Disch Time
DOB/Sex	10/7/1979 / Female	Attending	Sekhon,Lali MD
Patient Room:	NNM 6F; 610; 01	Copy To	n/a

Operative Record

DOCUMENT NAME:	Operative Reports
SERVICE DATE/TIME:	6/12/2017 13:32 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Sekhon,Lali MD (6/12/2017 13:36 PDT)
SIGN INFORMATION:	Sekhon,Lali MD (6/12/2017 13:36 PDT)

1. SURGEON: Lali Sekhon, MD, PhD, FRACS, FACS, FAANS

2. ASSISTANT: Curt Erickson, PA-C/Greg Graves, PA-C

3. TYPE OF ANESTHESIA: General anesthesia with endotracheal intubation

4. PREOPERATIVE DIAGNOSIS: Cervical stenosis

5. POSTOPERATIVE DIAGNOSIS: Cervical stenosis

6. HISTORY: See formal admission H and P

7. PREOPERATIVE PHYSICAL EXAMINATION: See formal admission H and P

8. TITLE OF THE PROCEDURE:
1. C4/5, C5/6 and C6/7 Anterior cervical decompression using a left sided approach and the microscope (adjacent partial corpectomies performed with greater than 50% vertebral body resection as part of the decompression.)
2. C4/5, C5/6 and C6/7Interbody fusion using PEEK interbody cages and bone graft substitute.
3. C4-7 Anterior segmental fixation using a cervical locking plate
4. Microscopic microdissection
5. Fluoroscopic guidance for placement of the screws.

9. OPERATIVE FINDINGS:

This is a very nice 36-year-old woman. She was involved in an accident on June 2015. There are 2 accidents. She was rear-ended. She was taken to the emergency room. She has neck tightness and neck pain. She declines physical therapy. In January this year she started developing severe left arm pain. There is no numbness and aching them. She had an epidural. Gave her pressure feeling. She also had numbness and aching down the left arm in the C6 distribution. Went through extensive conservative measures he still has had arm pain and neck pain. Preoperative physical examination revealed a reduced range of motion of the cervical spine. There is 4/5 weakness in external rotators on the left, biceps and triceps on the left. She had decreased reflexes in left upper extremity. Her MRI scan showed cord compression at C5-6 and C6-7 in a mobile C4-5 spondylolisthesis consequently offered a surgery the wrist benefits alternatives outlined in the rotation.

At the time of surgery she had severe stenosis she was well decompressed and did partial corpectomies in view of the degree of stenosis I managed to place a 6 mm and 7 and 7 mm cages respectively at each level starting from the top with 15 mm screws were used throughout. There were no complications she was well decompressed and neuro monitoring was also stable

10. OPERATED LEVELS: C4/5, C5/6 and C6/7

NNM: Northern Nevada Medical Center

Patient: KLINE, KIMBERLY
MRN: NNM657009
FIN: NNM0000048874580

Admit: 6/12/2017
Disch:
Attending: Sekhon Lali MD

Operative Record

11. IMPLANTS USED:
Cornerstone PEEK interbody cages and Actifuse
Medtronic Atlantis Translational locking plate

12. COMPLICATIONS: Nil

13. ESTIMATED BLOOD LOSS: 50 mL

14. OPERATIVE DETAILS: After a fully informed consent, the patient was brought to the operating room at Northern Nevada Medical Center. General anesthesia was administered. The patient was given intravenous antibiotic and intravenous dexamethasone. The patient was positioned on a regular operating table. The head was placed in gentle extension. A shoulder roll was in place. The head was resting on a donut headrest as well. The shoulders were gently taped down and wrist restraints were used as well a footboard. All pressure points were padded. The left side of the neck was prepped and draped in a standard fashion. Local anesthetic was placed into the wound prior to the skin incision. After fluoroscopic localization, a transverse incision was effected as localized by the x-ray. Dissection continued down to the platysma. The plain above this was extensively undermined. The plain above the platysma was extensively undermined. The platysma was then split in a longitudinal fashion. Dissection then continued medial to the carotid sheath, lateral to the pharynx, through the prevertebral fascia, in an extensile fashion, to expose the anterior vertebral bodies. The prevertebral fascia was divided with monopolar cautery. The omohyoid muscle, if in the way, was divided with monopolar cautery. I then placed a spinal needle into the affected disk space and this was confirmed on lateral fluoroscopy. The longus colli muscles were then undermined on either side of the operated levels. The Shadow-Line self-retaining retractors were then placed medially and laterally as well as cranially and caudally. An appropriate number of 14 mm Caspar distraction pins were then placed under fluoroscopic guidance into the midpoint of the vertebral parallel to the endplates. The Caspar distractor was used to achieve some measure of distraction. For each affected disk, the disk space was incised and disk material was removed with a curette.

The operating microscope was then bought into the field. Using AM-12 and then an AM-8 Midas Rex drill, a partial corpectomy was affected with a posterior lip of osteophyte drilled down with the AM-8 drill bit. Using a 5-0 angle curette, the PLL was split and the remaining disk, osteophyte and ligament at each affected level was removed with 1 and 2 mm Kerrison punches. A good central and bilateral foraminal decompression at each level was affected. Hemostasis was obtained.

Once all the decompressions were done, I then turned to place the one of the interbody devices. In each case using the PEEK cage trials appropriate sizes on x-ray where found. The cages were then packed with bone graft substitute and placed into the interspace using fluoroscopic guidance. Neuromonitoring continued to be stable. I then removed the Caspar distraction pins. An appropriately sized anterior cervical locking plate was then secured across the operated levels using fluoroscopic guidance and appropriate length 4 mm diameter screws. Bone purchase was good. The locking apparatus was engaged. Final AP and lateral x-rays were taken. Neurophysiologic monitoring was stable. The pharynx was inspected to ensure there was no injury. Closure was then affected in a standard fashion using 3-0 Vicryl sutures over a suction subfascial Hemovac. Dermabond was applied to the skin and a dressing and soft collar applied prior to transfer to recovery. All counts were correct and all instruments accounted for.

15. PROGNOSIS. The surgery went well. The patient has been decompressed. At the end of the case, the patient awoke moving his/her upper and lower extremities well.

The plan will be to observe the patient very carefully for the next 24 hours in case there is any bleeding and I would anticipate the patient will be discharged tomorrow morning. When the patient goes home, he/she will be discharged home on narcotic analgesia Flexural and oral antibiotic, usually Keflex. The plan will be to follow up in 2 weeks in the office. We will call the patient next week to ensure there are not any problems. He/she can shower in 72 hours but is instructed to keep the wound dry. The patient has also been instructed to abstain from smoking or any anti-inflammatories. The patient has also been instructed to wear a soft collar except when eating or showering.

Lali Sekhon, MD, PhD, FRACS, FACS, FAANS

Electronically Signed By: Sekhon, Lali
On: 06.12.2017 13:36 PDT

Print Date/Time: 6/13/2017 00:47 PDT Transcription

Encounters and Procedures

Date	Anesthesiologist	Provider #
6-12-17	P. Billhartz	44 ✓

Procedure

ACDF C4-C7 with instrumentation

Diagnosis

Cervical stenosis, Spondylosis

☐ ER/Indigent

Location

☐ Regional ☐ Quail
☐ Roseview ☐ McCormack
☐ South Meadows ☐ Ford Foot
☐ Surgical Arts ☐ ESCNN
☒ NNMC ☐ CVMC
☐ SCOR ☐ Other

Room # 6

ASA-RVG Code	Base Modifiers
00670	☐ Field Avoidance ☐ Position:

Start Time (military time only)	End Time (military time only)	DR#
1059	1336	44

Premium Reason (append "P" to your billing #)

☐ A: 3PM-7AM ☐ E: Weekend
☐ B: 1st Call ☐ F: Holiday
☐ C: Post 1st/2nd/OB ☐ G: Contracted/Vacation
☐ D: Post 3rd/RTC ☐ H: Other:

☐ K: ALERT (append "A" to your billing #)

☐ L: Pre-7AM peripheral nerve block

Physical Status (circle)

1 (2) 3 4 5 6 E

Physical Status Reason (required for 3, 4, 5)

Emergency Reason (required for all emergencies)

Notes

Modifiers	(circle)
Extreme Age (<1 or >70)	99100
Arterial Line	36620
Central Line	36556
Ultrasound (central line)	76937-26
PA Catheter	93503
Deliberate Hypothermia	99116
TEE-Monitoring w/ report	93312-26
TEE-Doppler Spectral	93320-26
TEE-Doppler Color	93325-26
Spinal Duramorph w/ GA	62311
Thoracic Epidural	62318
Lumbar Epidural	62319
Brachial Plexus (single)	64415 -50 -51
Brachial Plexus (catheter)	64416
Intercostal, multiple	64421 -50 -51
Sciatic Block (single)	64445 -50 -51
Sciatic Block (catheter)	64446
Femoral Block (single)	64447 -50 -51
Femoral Block (catheter)	64448
Other Peripheral Nerve	64450 -50 -51
TAP Block (unilateral)	64486
TAP Block (bilateral)	64488
Ultrasound (nerve block)	76942-26
Epidural Blood Patch	62273
Controlled Hypotension	99135
Consult-Outpatient (new)	99201
Subsequent Hosp Care	99231
Consult-Inpatient	99251
Daily Epidural Mgmt.	1998

-50: bilateral block -51: 2nd block

2017 Qualified Clinical Data Registry
MARK ALL THAT APPLY
Unchecked box equates to negative answer (i.e. no response = No)
Shaded boxes are frequently checked

Perioperative temperature management
☒ General/neuraxial anesthesia ≥ 60 min (excluding MAC, peripheral nerve block, intentional hypothermia, or emergency case)
☒ Temp ≥ 35.5C (or 95.9F) 30 min before or 15 min after anesthesia end time or use of intraoperative active warming

Use of difficult airway equipment
☐ Difficult airway equipment used
☐ Use was planned prior to induction

PACU reintubation
☒ General anesthesia with intubation and subsequently extubated in OR or PACU
☐ Required reintubation in the PACU
☐ Extubation was a planned trial documented in the medical record prior to removal of the original airway device

PONV risk protocol (Adult ≥ 18 yrs and Pediatric 3-17 yrs)
☒ General inhalation anesthetic with PONV risk factors:
Adult: 3 or more PONV risk factors (includes female, hx PONV or motion sickness, non-smoker, intended opioid administration for post-op analgesia)
Pediatric: 2 or more PONV risk factors (includes surgery ≥ 30 minutes, age ≥ 3 years, strabismus surgery, hx PONV or PONV in parent or sibling)
☒ Provision of anti-emetic therapy with at least 2 different classes of agents
☐ Exception: documentation of medical reason for not receiving anti-emetic therapy

Post-anesthetic transfer of care checklist/protocol to PACU/ICU
☒ Transfer from OR to PACU or other non-ICU location upon case conclusion
☐ Transfer from OR to ICU upon case conclusion
☒ Use of transfer checklist/protocol

PACU assessment of acute postoperative pain
☒ Age ≥ 18 and assessed for pain in PACU
☒ Initial PACU pain score < 7/10

Gastric aspiration
☐ Aspiration of gastric contents up through anesthesia end time
☐ Exception: known chronic aspiration prior to provision of anesthesia services

Preoperative beta-blocker in patients with isolated CABG surgery
☐ Age ≥ 18 with CABG procedure
☐ Beta-blocker administered within 24 hours prior to incision
☐ Exception: Beta-blocker not administered for documented medical reason

Perioperative mortality
☐ Intraoperative mortality while under care of anesthesia clinician prior to anesthesia end time

Perioperative cardiac arrest
☐ Unanticipated intraoperative cardiac arrest from anesthesia start time through anesthesia end time

Unplanned admission related to anesthesia service through end of PACU care
☐ To Hospital after planned outpatient procedure
☐ To ICU (when not initially anticipated at anesthesia start time)

Case cancellation on day of surgery
☐ Case cancellation on day of surgery after care initiated by anesthesia team for reasons related to anesthesia care

Smoking cessation day of surgery
☐ Elective surgery, age ≥ 18 and current smoker
☐ Instructed prior to day of surgery to abstain from smoking on day of surgery
☐ Patient abstained from smoking on day of surgery

Sterile barrier technique for central line insertion
☐ Max sterile barrier, hand hygiene (document on Anesthesia Record/Green Sheet)

Use of ultrasound guidance for internal jugular CVL insertion
☐ Ultrasound used (document on Anesthesia Record/Green Sheet)

Documented presence of advanced care plan in medical record when performing a consultative post-op visit to manage post-op pain
☐ Plan documented in medical record

QCDR 2017 ☐ Amended Data Submission

ASSOCIATED ANESTHESIOLOGISTS
an affiliate of RENOMAX

Received
JUN 30 2017

48874580-657009
KLINE, KIMBERLY
DOB: 10/07/1979 37Y SX: F SUR
MRN: 657009 ADM/REG DT: 06/12/2017
Northern Nevada Medical Center

NNM- Northern Nevada Medical Center
2375 E. Prater Way
Sparks, NV 89434

Anesthesia Record

Date Finalized: 6/12/2017 13:37
Page 1 of 3

KLINE, KIMBERLY
NNM557009
NNMOR-2017-2758
Fusion Spine Cervical Anterior (Anterior)

OR: NNM OR 06
Surg. Date: 6/12/2017 11:25
Surgeon: Sekhon, Lali MD
Anesthesiologist: Bilhartz, Peter MD

Anes. Type: General
ASA Class: ASA 2 (P2)

FIN NBR: NN400000048874580
Age: 37 years
Gender: Female
Pre-Op Diagnosis: CERVICAL SPONDYLOSIS, CERVICAL STENOSIS

Procedure: Fusion Spine Cervical Anterior (Anterior)
Add'l Procedure Details: Fusion Spine Cervical Anterior - C4-5, C5-6, AND C6-7 ANTERIOR CERVICAL DECOMPRESSION AND INSTRUMENTED FUSION

DOB: 1/7/1979
Height: 170.18 cm
Weight: 79.38 kg
Allergies: No Known Medication Allergies

Name	Total
cefAZolin 1 g vial IV	2 gm
midazolam 1 mg/mL PF inj 2 mL IV	2 mg
lidocaine 2% IV Syringe 5 mL IV	80 mg
fentaNYL 50 mcg/mL PF inj 2 mL IV	300 mcg
propofol 200 mg/20 mL IV	160 mg
rocuronium 10 mg/mL vial 5 mL IV	40 mg
dexamethasone 4 mg/mL 1 mL vial IV	20 mg
Neostigmine MS 1 mg/mL vial 10 mL IV	2 mg
glycopyrrolate 0.2 mg/mL vial 1 mL vial IV	0.4 mg
ondansetron 4 mg/2 mL vial IV	4 mg
ANES Inspired O2	
ANES Expired O2	
ANES Expired SEVO	
ANES End-tidal CO2	
ANES Inspired N2O	
ANES EKG Rhythm	
ANES Tidal Volume	
ANES Respiratory Rate	
ANES SPO2	
ANES Peak Inspiratory Pressure	
ANES Mean Airway Pressure	
ANES PEEP	

ANES NIBP Systolic
ANES NIBP Diastolic
ANES NIBP Mean
ANES Heart Rate

Received
JUN 30 2017
COMSTI-Reno

Pt. In 10:59 Out
Anes. Start Stop
Surg. Start 11:25 Stop

Northern Nevada Medical Center

Received 07/07/2017

1325

AA 1531

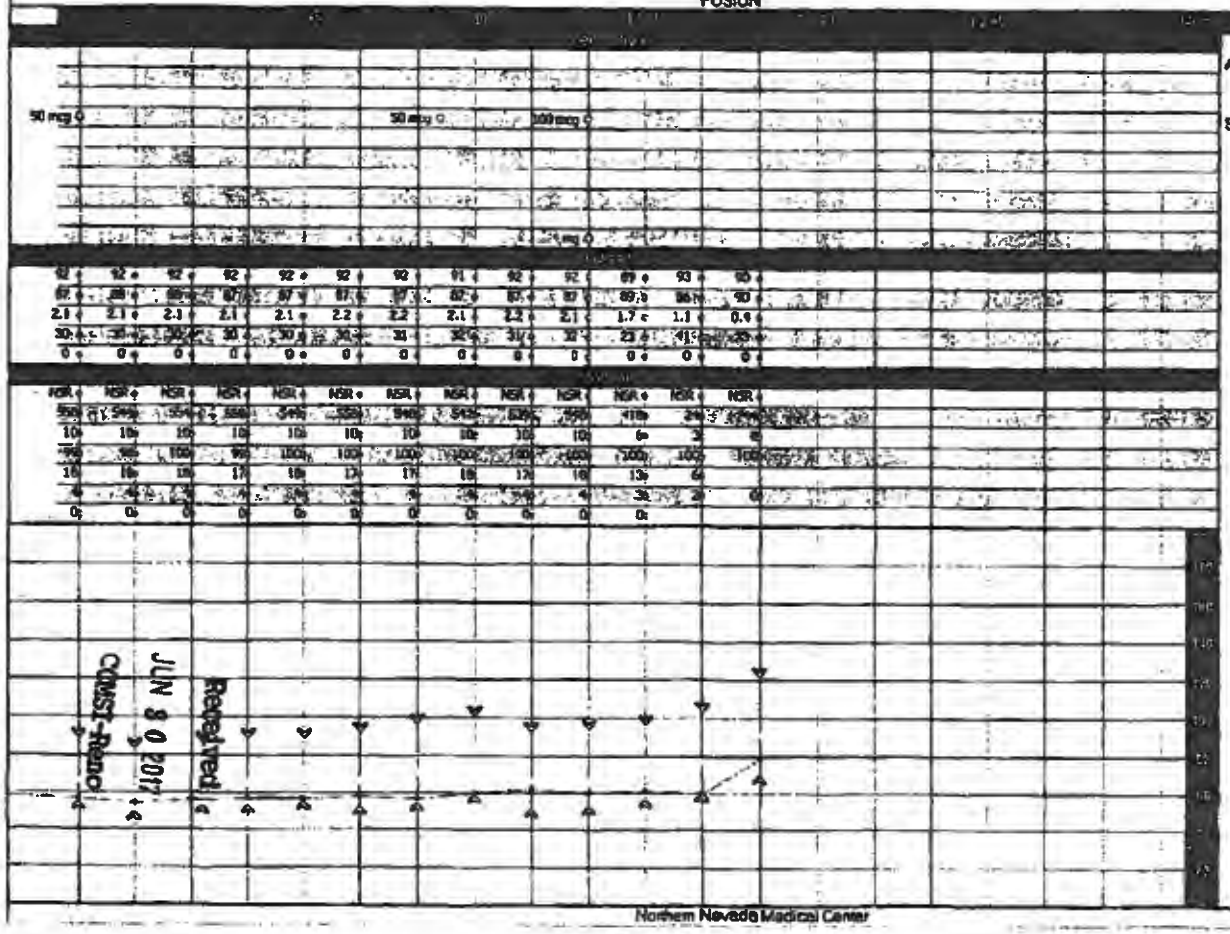
NNM- Northern Nevada Medical Center
2375 E Prater Way
Sparks, NV 89434

Anesthesia Record

Date Finalized: 6/12/2017 13:37
Page 2 of 3

KLINE, KIMBERLY
NNM857009
NNMOR-2017-2758
Fusion Spine Cervical Anterior (Anterior)

OR:	NNM OR 06	FIN NBR:	NNM00004857 4580	DOB:	10/7/1979
Surg. Date:	6/12/2017 11:25	Age:	37 years	Height:	170.18 cm
Surgeon:	Sekhon, Lali MD	Gender:	Female	Weight:	79.38 kg
Anesthesiologist:	Bilharz, Peter MD	Pre-Op Diagnosis:	CERVICAL SPONDYLOSIS, CERVICAL STENOSIS	Allergies:	No Known Medication Allergies
Anes. Type:	General	Procedure:	Fusion Spine Cervical Anterior (Anterior)		
ASA Class:	ASA 2 (P2)	Add'l Procedure Details:	Fusion Spine Cervical Anterior - C4-5, C5-6, AND C6-7 ANTERIOR CERVICAL DECOMPRESSION AND INSTRUMENTED FUSION		



Attending Anesthesiologist
Bilharz, Peter MD 10:59- 13:36

Signed By
Bilharz, Peter MD 13:36 6/12/2017

Northern Nevada Medical Center

NNM- Northern Nevada Medical Center
2375 E. Prater Way
Sparks, NV 89434

Anesthesia Record

Date Finalized: 6/12/2017 13:37
Page 3 of 3

KLINE, KIMBERLY
NNM657009
NNMOR-2017-2758
Fusion Spine Cervical Anterior (Anterior)

6/12/2017
9:49 PreOp Checklist
Audible Alarms On: Yes
Hardline and Equipment Checked: Yes
Monitors ON: Yes
Anesthesia Time Out
Pt Identified & Examined: Yes
Chart Reviewed: Yes
Consent Obtained: Patient
Anesthetic Plan Reviewed: Yes
Risks Discussed: Yes
Understands Topics Discussed: Yes
Pre-Induction Evaluation
Airway Evaluated: Yes
Airway Changed: No
Level of Consciousness: Alert
Procedure with Anesthesia Plan: Yes
10:59 Anesthesia PROVIDER Start
Patient In-Room Time
11:23 Surgery Start
11:24 Patient Care
IP Cuff: Right Arm
Eye Protection: Taped
Eye Taped By: Anesthesiologist
Nerve Stimulator Electrodes: Face
Forced Air Warming Device: Full Body
11:27 Patient Positioning
Body Position: Supine
Left Arm: Tucked
Left Arm: Pressure Points Padded
Right Arm: Tucked
Right Arm: Pressure Points Padded
Legs: Pressure Points Padded
Head: Supination Donut
Neck: Extended
Miscellaneous cont'd: Eyes & Face Free of Pressure
Endotracheal Intubation
Pre-O2 w/100% FiO2?: Yes
Mask Ventilation: Easy
Laryngoscope Blade Used: MAC
Laryngoscope Blade Size: 3
Laryngoscope View: 1
# of Attempts: 1
Endotracheal Tube Size: 7.0
Endotracheal Tube Size: Cuffed
Endotracheal Tube Secured: at (cm) - 21
Endotracheal Tube Secured: Right
Cuff Up To Seal: Yes
Bilateral Breath Sounds: Yes
End-tidal CO2 Noted: Yes
Equal Chest Expansion: Yes
Atraumatic Intubation: Yes
11:30 Positioning Lines
ASA: II
Position: Supine
PreOp Diagnosis: Same as Posted
Anesthesia Method: General
Surgical Procedure Performed: Same as scheduled
12:27 Emergence
Adequate: Yr
Adequate: 3402

Patient Assessment: Responds to Commands
Extubated: With Positive Pressure
Extubated: Without Difficulty
Suctioning Performed: Oropharynx
LMA/ETT Received w/o Difficulty: Yes
Atraumatic: Yes
Dentition Unchanged: Yes
Muscle Relaxant Reversal Conf'd: Yes
11:38 PACU Transfer Note
Monitor per PACU/EDS Protocol: Yes
Destination: PACU
Condition: Stable
Level of Consciousness: Awake and Alert
Airway: Able to maintain without difficulty
Supplemental Oxygen: Yes
Vitals: BP - 123/69
Vitals: HR - 109
Vitals: SPO2 - 99
Vitals: RR - 13
Vitals: Temp - 34.5
Vital Signs Stable: Yes
Note: Note - Total INF= 1,400cc EBL=150cc
Anesthesia PROVIDER Stop

Received
JUN 30 2017
CCMSI-Reno

Northern Nevada Medical Center

15853 E839641

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1475

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 06/26/2017)

Patient Demographics

Patient	Kline, Kimberly M (#147855)
Address	1617 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Referring Provider	

Encounter Notes

Encounter Date	06/26/2017
Chief Complaint	1. Two weeks status post C4-C7 ACDF. 2. Left upper extremity radiculopathy.
History of Present Illness	Kim Kline presents today for review. Again prior to surgery, she was involved in a work-related injury with a motor vehicle accident. Since that time, she has been struggling with neck pain and left arm pain and numbness. Today, she presents to 2-week postoperative review. She has noticed some improvement to the left upper extremity symptoms. The numbness in her arm and hand specifically have improved. She still has some achiness posteriorly of her neck. She has some mild dysphagia that slowly seems to be improving. She has been wearing her soft cervical collar when she is up and about, but states that she is actually feeling quite well for 2 weeks after surgery. The strength in her arms is good. Overall, she takes about 1 pain tablet towards the end of the day, but otherwise the pain is very manageable.
Past Medical History	Past Medical History not reviewed (last reviewed 06/08/2017)
Past Surgical History	Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy
Medications	Reviewed Medications **PROzac 40 mg capsule** 04/03/17 entered Take 1 capsule(s) every day by oral route. **traMADol 50 mg tablet** 04/25/17 prescribed Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain.
Allergies	Reviewed Allergies NKDA Received
Social History	Reviewed Social History Smoking Status: Never smoker Advance directive: N JUN 28 2017 CCMSI-Reno
Family History	Reviewed Family History Father - Arthritis

	Mother - Family history of cancer (onset age: 65)
Review of Systems	**Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.**
Physical Exam	Patient is a 37-year-old female. On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. There is minor superficial edema and swelling that is non-concerning. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally.
Labs/Data/Imaging	N/A
Procedure Details	None recorded
Assessment and Plan	Impression 1. Two weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. **1. Spinal stenosis in cervical region** M48.02: Spinal stenosis, cervical region • XR, CERVICAL SPINE - Note to Imaging Facility: In 4 weeks, S/P C4-C7 ACDF Views (X-RAY, CERVICAL SPINE): AP, Lateral, Flexion & Extension **Discussion Notes** I had a discussion with Kim Kline today. She is recovering appropriately at this stage. I will ask her to continue be cautious with bending, flexing, and twisting about the neck. She is to wear a soft cervical collar when she is up and about. We discussed that she should avoid NSAIDs for at least another 10 weeks. We will follow up with her in 4 weeks' time with static and dynamic cervical x-rays. As always, she is to call with any questions or concerns. Plan 1. Followup in 4 weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes to her condition. Return to Office • Curt Erickson, PAC for 6 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 07/26/2017 at 10:15 AM

Curt Erickson, PA-C

Electronically Signed by: CURT ERICKSON, PAC, PA-C
06/26/2017 11:17 AM

Received
JUN 26 2017
CCMSI-Reno

Reno Diagnostic Centers

RDC EUREKA
590 Eureka Avenue
Reno, NV 89512
Phone: (775) 323-5083
Fax: (775) 333-2776

Patient Name: Kline, Kimberly
MRN: 407766
Date of Birth: 10-07-1979

Patient Phone: (775) 815-5790
Date of Exam: 07-24-2017
Exam:XR-Spine Cervical 4 or 5V AP, Lateral, Flexion, Extension [27985] - SPINE_C

Exam requested by:

Curt Erickson PAC
5590 Kietzke Lane
Reno NV 89511

Kline, Kimberly
305 Puma Drive
Washoe Valley NV 89704

CLINICAL INDICATION: Followup previous cervical fusion.

TECHNIQUE: Four views of the cervical spine with upright lateral flexion/extension views.

COMPARISON: None.

FINDINGS:
Patient has had anterior interbody fusion C4 through C7.

Flexion/extension views demonstrate no instability. No postop complications are noted.

There is mild posterior element arthropathy mid cervical spine. No compression fractures are noted. Prevertebral soft tissues are normal.

IMPRESSION:
Anterior interbody fusion C4 through C7 with no instability with flexion/extension views.

Thank you for referring your patient to RDC EUREKA

Electronically Signed by Golding, Ross, MD 07-24-2017 4:10 PM

Washoe

REVIEWED
By SHMCO at 2:40 pm, Jul 25, 2017

SIERRA NEUROSURGERY GROUP_NEURO | 75 PRINGLE WAY | RENO, NV 89502-1475

Kimberly M Kline

37yo F | 10/07/1979 | #147855

Encounter Summary
Date of Service: 07/26/2017)

Patient Demographics

Patient	Kline, Kimberly M (#147855)
Address	1617 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Referring Provider	
Primary Care Provider	LALI H SEKHON, MD

Encounter Notes

Encounter Date	07/26/2017
Chief Complaint	1. Two weeks status post C4-C7 ACDF. 2. Left upper extremity radiculopathy.
History of Present Illness	Kim Kline presents today for review. Again prior to surgery, she was involved in a work-related injury with a motor vehicle accident. Since that time, she has been struggling with neck pain and left arm pain and numbness. Today, she presents to 6-week postoperative review. Dr. Sekho and I were able to review her. She She continues to notice improvements to the left upper extremity symptoms. The left arm is overall much improved, but she has noticed some ongoing numbness in the left hand and forearm. Her posterior neck pain has mostly settled and her swallowing is not problematic. She occasionally takes about 1 pain tablet towards the end of the day, but otherwise the pain is very manageable.
Past Medical History	Past Medical History not reviewed (last reviewed 06/08/2017)
Past Surgical History	Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy
Medications	Medications not reviewed (last reviewed 06/26/2017) **PROzac 40 mg capsule** 04/03/17 entered Take 1 capsule(s) every day by oral route. **traMADol 50 mg tablet** 04/25/17 prescribed Take 1 tablet(s) EVERY 4-6 HOURS by oral route, pm pain.
Allergies	Reviewed Allergies NKDA
Vitals	07/26/2017 [illegible] Ht: 5 ft 7 in Wt: 176 lbs BMI: 27.6

	BP: 111/72 Pulse: 82 bpm RR: 16 Pain Scale: 0
Social History	Reviewed Social History Smoking Status: Never smoker Advance directive: N
Family History	Family History not reviewed (last reviewed 06/26/2017) Father - Arthritis Mother - Family history of cancer (onset age: 65)
Review of Systems	**Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.**
Physical Exam	Patient is a 37-year-old female. On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally.
Labs/Data/Imaging	N/A
Procedure Details	None recorded
Assessment and Plan	Imaging: X-rays from RDC show C4-C7 instrumentation that is well aligned without evidence of loosening or failure. There is no instability on dynamic images. Impression 1. 6 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. **1. Spinal stenosis in cervical region** M48.02: Spinal stenosis, cervical region • WORK RESTRICTIONS, GENERAL - Note to Provider: Released to full time without restrictions on 7/31/17 • PHYSICAL THERAPY NECK REFERRAL - Schedule Within: provider's discretion Note to Provider: S/P C4-C7 ACDF Evaluate & Treat: yes | Visits per Week: 2 Total # of Visits: 12 • XR, CERVICAL SPINE Views (X-RAY, CERVICAL SPINE): AP, Lateral, Flexion & Extension **Discussion Notes** Dr. Sekhon and I had a discussion with Kim Kline today. She is recovering appropriately at this stage. We would like for her to commence PT at this time. She is released to work without restrictions on 7/31/17. We will follow up with her in another 6 weeks with repeat x-rays. Plan 1. Followup in 6 weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes to her condition. 3. PT 4. Released to work without restrictions on 7/31/17.

Received: 07/27/2017

	Return to Office • Curt Erickson, PAC for 12 WK POST-OP at SIERRA NEURO PRINGLE_NEURO on 09/06/2017 at 11:00 AM

Curt Erickson, PA-C

Electronically Signed by: CURT ERICKSON, PAC, PA-C
07/26/2017 10:56 AM

CUSTOM PHYSICAL THERAPY
EVIDENCE - BASED REHABILITATION

INITIAL EVALUATION/PLAN OF CARE
For outpatient rehabilitation

PATIENT: Kimberly Kline **DOB:** 10/07/79

REFERRING PHYSICIAN: Lali Sekhon, M.D. THERAPIST: Amanda Cowles, P.T., D.P.T.

START OF CARE DATE: 08/10/17

DATE OF SURGERY: 06/12/17 TYPE OF THERAPY: Physical Therapy

History: Patient is a 37-year-old female status post ACDF at C4 through C7. Patient was originally injured at work in June 2015. She is employed in parking enforcement and she was rear-ended two times within 3 weeks. Patient did chiropractic and physical therapy at that time with mild relief. Patient started to experience left arm symptoms approximately six to eight weeks after being discharged from physical therapy. Patient had MRI and was surgical candidate. Patient is doing well postoperatively. She has returned to work in parking enforcement full-time. She wore her cervical spine collar for the first three weeks. Current complaints include daily headaches especially at the end of her working shift. Limited cervical spine range of motion and her muscles feel tight. Patient reports the neck pain she had prior to surgery is abolished and she is reporting improvement in her left radicular symptoms, but she does continue to have numbness at her thumb. She is reporting infrequent nerve pain down her left upper extremity. Prior level of functioning includes been active. She is the mother of a seven and 10-year-old. Patient needs to be able to perform, laundry, grocery shopping, taking care of herself and her children.

Current Functional Limitations: Include sleeping. Patient is having increased difficulty with laundry and grocery shopping. Patient reports she has significant pain at the end of her work day. Patient is also having difficulty picking things up off the floor secondary to lack of mobility of her cervical spine.

Patient Problems:
1. Patient's incision is healed.
2. Cervical spine AROM: Flexion 25°, extension 20° side bend left 20°, side bend right 25°, rotation left 50°, rotation right 50°.
3. Cervical spine myotome strength is 5/5.
4. Dermatomes are decreased to light touch on the left at C5-C6.
5. DTR: Absent on C5 on the left, otherwise 2+ and symmetrical for C6 and C7.
6. Neck Index = 40 %.
7. Patient has significant hypertonicity along her cervical spine paraspinal anterior and posteriorly and into her upper trapezius.

Co-Morbidity: None.

Assessment: Patient is status post cervical spine ACDF at C4 through C7. Patient is doing well postoperatively.

Plan of Treatment: Manual treatment to decrease pain, improve tissue mobility and improve cervical spine range of motion, therapeutic exercise and activity program to cervical spine and scapular stabilizers, neuromuscular reeducation activities to postural stabilizers, patient education including posture and body mechanics education, modalities including moist heat and ice and home exercise program.

Short term goals:
1. Patient will be compliant in a home exercise program in 1 visit.
2. Patient will be able to tolerate the upper cycle for a warmup in 2-4weeks.

Long term goals:
1. Patient will improve her Neck Index to < 10 in 8-12 weeks.
2. Patient will be able to complete a work day with 90% improvement in pain and headache frequency in 8-12 weeks.
3. Patient will be able to resume performing laundry and grocery shopping with no difficulty in 8-12 weeks.
4. Patient will be able to sleep 6-8 hours without waking from cervical spine pain in 8-12 weeks.

Goals discussed with patient? Yes. **Patient informed of Diagnosis/Prognosis?** Yes.

Rehabilitation potential is: Good. **Frequency/Duration:** 2x/week for 6 weeks.

I certify the need for these services furnished under this plan of care effective the plan care date aforementioned above. The above plan of care is herein established and will be reviewed every 30 days.

Therapist signature: _____ PT, DPT Date: 8/10/17

Referring Physician's signature: _____ Date: _____

T: rsdmt.com/CLTN

Received
AUG 21 2017
CCMSI-Reno

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____

Name: Kline, Kimberly Injury #: 002 Dx: M49.03, M64.2

Payor Code: A0228 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail 12:00 12:50

Discipline: PT # Visits Prior To Today: 0 of 1

Date: 08 10 17 Total Time Based Time: 40 Total Treatment Time: 50

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

Self

Objective Data/Tests: ☐ See Initial Evaluation (include objective and functional tests specific to patients condition)

Treatment Provided: See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 16 min to ☐ Decrease pain/restriction ☐ Facilitate healing ☐ Improve j/t/tissue mobility ☐ Restore tissue function ☐ Verbal Consent Obtained. Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x____min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x____min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☐ posture ☐ proprioception ☐ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 5 min to increase ☐ strength ☐ range of motion ☐ flexibility ☐ endurance

SELF CARE/HOME MGT TRAINING x____min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify):

GAIT TRAINING x____min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x 30 min: Specify Eval (flow)

GROUP THERAPY (untimed code) x____min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session Included: 1 2 3 4 others (circle)

Therapeutic Modalities:
Type:_____ Setting(s):_____ x____min. to

Type:_____ Setting(s):_____ x____min. to

Rationale: ☐ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☐ Facilitate healing/exercise ☐ Decrease Effusion ☐ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

See IE #1250

Received
AUG 21 2017
CCMSI-Reno

Treatment Plan: ☐ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Cowles PT,DPT	Amanda Cowles	2449	8/10/17

Received: 08/22/2017
Aug. 16. 2017 3:01PM No. 1228 P. 2
12837
08-15-17 10:02am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______
Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervical re
Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail 9:45 10:40 50

Discipline: PT # Visits Prior To Today: 7 of 8
Date: 08 15 17 Total Time Based Time: 46 Total Treatment Time: 55 66

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

Gaining ROM and more ease. still daily HA.

Objective Data/Tests: ☐ See Initial Evaluation (include objective and functional tests specific to patients condition)

Treatment Provided: See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 10 min to ☑ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function ☐ Verbal Consent Obtained. Tissue/Jt /Technique:

THERAPEUTIC ACTIVITIES x____ min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 10 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☑ posture ☐ proprioception ☐ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 6 min to increase ☑ strength ☐ range of motion ☐ flexibility ☑ endurance

SELF CARE/HOME MGT TRAINING x____ min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify):

GAIT TRAINING x____ min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x____ min: Specify____

GROUP THERAPY (untimed code) x____ min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session Included: 1 2 3 4 others (circle)

Therapeutic Modalities
Type: MHP Setting(s): ______ x 10 min. to c/s
Type: IP Setting(s): ______ x 10 min. to
Rationale: ☑ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☑ Facilitate healing/exercise ☐ Decrease Effusion ☐ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

Very hypertonic c/s paraspinal ant/post

Received
AUG 21 2017
CCMSI-Reno

Treatment Plan: ☑ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Cowles PT, DPT	Amanda Cowles	2149	8/16/17

12837
08-17-17 09:54am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____
Name: Kline, Kimberly Injury #. 002 Dx: M48.02 Spinal stenosis, cervical re
Payor Code A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail 2:20 3:20

Discipline: PT # Visits Prior To Today: 2 of 6
Date: 08 / 17 / 17 Total Time Based Time: 40 Total Treatment Time: 60

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

Neck is improving. only slight HA today

Objective Data Tests: ☐ See Initial Evaluation (Include objective and functional tests specific to patients condition)

Treatment Provided: ☑ See Flow Sheet for Specific Techniques, Interventions, Exercises/Activities and/or Training

MANUAL THERAPY x 16 min to ☑ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function ☑ Verbal Consent Obtained. Tissue/Jt /Technique.

THERAPEUTIC ACTIVITIES x_____min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 10 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☑ posture ☐ proprioception ☑ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 6 min to increase ☑ strength ☐ range of motion ☐ flexibility ☐ endurance

SELF CARE/HOME MGT TRAINING x_____min to ☑ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify):_____

GAIT TRAINING x_____min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x_____ min: Specify_____

GROUP THERAPY (untimed code) x_____min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Therapeutic Modalities
Type: MHP Setting(s): _____ x 10 min. to
Type: IP Setting(s): _____ x 10 min. to

Rationale: ☐ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☐ Facilitate healing/exercise ☐ Decrease Effusion ☐ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

Improving tone of cervical para sp.
still tight however especially
B UT.

Treatment Plan: ☑ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Cowles PT,DPT	Amanda Cowles	2149	8/17/17

Received: 08/25/2017

08-22-17 03:27pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervical re

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

1:30 2:50

Discipline: PT # Visits Prior To Today: 3 of 8

Date: 08 22 17 Total Time Based Time: 60 Total Treatment Time: 80

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

stiff today Have a H/A.

Objective Data/Tests: ☐ See Initial Evaluation (Include objective and functional tests specific to patients condition)

Treatment Provided: ☑ See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 20 min to ☑ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function ☐ Verbal Consent Obtained. Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x____ min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 25 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☑ posture ☐ proprioception ☑ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 15 min to increase ☐ strength ☐ range of motion ☐ flexibility ☑ endurance

SELF CARE/HOME MGT TRAINING x____ min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify): ______

GAIT TRAINING x____ min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x____ min: Specify ______

GROUP THERAPY (untimed code) x____ min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Therapeutic Modalities

Type: MHP Setting(s): ______ x 10 min. to C/S

Type: IP Setting(s): ______ x 10 min. to

Rationale: ☐ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☑ Facilitate healing/exercise ☑ Decrease Effusion ☑ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

Tight SCM/scalenes, suboccipitals + UT.
Did well c manual Rx. ↓ H/A post.

Received
AUG 2 5 2017
CCMSI-Reno

Treatment Plan: ☑ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
[signature] PT, DPT	Amanda Cowles	2149	8/22/17

08-23-17 10:31am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____

Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervical re

Payor Code: A0025 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

8:30 9:35

Discipline: PT # Visits Prior To Today: 3 of 8

Date: 08 23 17 Total Time Based Time: 45 Total Treatment Time: 45

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

Sore last night. Worse during a lot today.

Objective Data/Tests. ☐ See Initial Evaluation (Include objective and functional tests specific to patients condition)

Treatment Provided: ☐ See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 20 min to ☒ Decrease pain/restriction ☐ Facilitate healing ☒ Improve jt/tissue mobility ☐ Restore tissue function ☐ Verbal Consent Obtained. Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x____ min to ☐ Increase/improve abilities ☐ Independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 15 15 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☒ posture ☐ proprioception ☐ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 15 10 min to increase ☒ strength ☐ range of motion ☐ flexibility ☒ endurance

SELF CARE/HOME MGT TRAINING x____ min to ☐ Increase/improve abilities ☐ Independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify):

GAIT TRAINING x____ min to ☐ improve safety ☐ Increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x____ min: Specify

GROUP THERAPY (untimed code) x____ min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Therapeutic Modalities
Type: mhp Setting(s): _____ x 10 min. to 45

Type: IP Setting(s): _____ x 10 min. to

Rationale: ☒ Decrease pain/restriction/spasm ☒ Improve tissue extensibility ☒ Facilitate healing/exercise ☒ Decrease Effusion ☒ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Service:)

Improve tone of ols today.

Received
AUG 29 2017
CCMSI-Reno

Treatment Plan: ☒ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Cowles PT, DPT	Amanda Cowles	2149	8/23/17

Received: 09/06/2017

Aug. 30. 2017 3:53PM No. 9525 P. 2

13912

08-29-17 09:43am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____

Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervical re

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail 1:30 2:25

Discipline: PT # Visits Prior To Today: 5 of 8

Date: 08 29 17 Total Time Based Time: 45 Total Treatment Time: 65

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

Bad HA last 7 days.

Objective Data/Tests: ☐ See Initial Evaluation (include objective and functional tests specific to patients condition)

Treatment Provided ☐ See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 15 min to ☐ Decrease pain/restriction ☐ Facilitate healing ☒ Improve joint/tissue mobility ☐ Restore tissue function ☐ Verbal Consent Obtained Tissue/Jt./Technique

THERAPEUTIC ACTIVITIES x_____min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 10 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☐ posture ☐ proprioception ☐ motor skill ☐ stability ☐ desensitization

THERAPEUTIC EXERCISE x 30 min to increase ☐ strength ☐ range of motion ☐ flexibility ☐ endurance

SELF CARE/HOME MGT TRAINING x_____min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify):_____

GAIT TRAINING x_____min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x_____ min: Specify_____

GROUP THERAPY (unlimed code) x_____min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session inclued: 1 2 3 4 others (circle)

Therapeutic Modalities
Type: MHP Setting(s): _____ x 10 min. to c/s

Type _____ Setting(s) _____ x_____min to

Rationale: ☐ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☐ Facilitate healing/exercise ☐ Decrease Effusion ☐ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

Improving c/s motion. Cont c hypertonicity & subocip & c/s musculature. Cont c HA

Received

Treatment Plan: ☐ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

SEP 05 2017

CCMSI-Reno

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Coates PTA	Amanda Coates	7149	8/29/17

AA 1547

145

1341

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____

Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervical re

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail 11:30 12:40

Discipline: PT # Visits Prior To Today: 6 of 8

Date: 08 31 17 Total Time Based Time: 60 Total Treatment Time: 70

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

Exhausted, but no HA today. Did not sleep well last night.

Objective Data/Tests: ☐ See Initial Evaluation (include objective and functional tests specific to patients condition)

Treatment Provided: See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 15 min to ☐ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function ☑ Verbal Consent Obtained. Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x_____min to ☐ Increase/improve abilities ☐ Independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 20 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☑ posture ☐ proprioception ☐ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 15 min to increase ☐ strength ☐ range of motion ☐ flexibility ☑ endurance

SELF CARE/HOME MGT TRAINING x_____min to ☐ Increase/improve abilities ☐ Independence in ADLs ☐ Improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify):_____

GAIT TRAINING x_____min to ☐ Improve safety ☐ Increase independence ☐ Restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x_____ min: Specify_____

GROUP THERAPY (untimed code) x_____min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Therapeutic Modalities
Type:_____ Setting(s):_____ x 10 min. to 15

Type:_____ Setting(s):_____ x_____min. to

Rationale: ☑ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☐ Facil tate healing/exercise ☑ Decrease Effusion ☐ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

HA produced w exercise today

Received

Treatment Plan: ☑ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

SEP 06 2017

CCMSI-Reno

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Cowles PT,DPT	Amanda Cowles	2149	8/31/17

Received: 09/11/2017

15853E239641

Reno Diagnostic Centers

RDC EUREKA
590 Eureka Avenue
Reno, NV 89512
Phone: (775) 323-5083
Fax: (775) 333-2776

Patient Name: Kline, Kimberly
MRN: 407766
Date of Birth: 10-07-1979

Patient Phone: (775) 815-5790
Date of Exam: 09-05-2017
Exam:XR-Spine Cervical 4 or 5V AP, Lateral, Flexion, Extension [27985] - SPINE_C

Exam requested by:

Curt Erickson PAC
75 Pringle Way, Ste 1007
Reno NV 89502

Kline, Kimberly
305 Puma Drive
Washoe Valley NV 89704

CLINICAL INDICATION: C-spine surgery 6/12/2017.

TECHNIQUE: AP, lateral, flexion and extension views of the cervical spine.

COMPARISON: Cervical spine x-rays 7/24/2017.

FINDINGS:
There is anterior cervical spinal fixation and interbody fusion from C4-C7. The hardware is intact and appears appropriately positioned. There is straightening of the normal cervical lordosis. There is no malalignment there is no subluxation on flexion or extension. The native vertebral body heights are maintained. The facets are preserved. The spinous processes are intact. There is no prevertebral soft tissue swelling.

IMPRESSION:
ACDF C4-C7 without evidence of hardware complication.

Thank you for referring your patient to RDC EUREKA
Dictating Radiologist: Swanger, Ronald, MD 9/5/2017 1:25 PM
Transcribed by: SC 9/5/2017 1:27 PM
Electronically Signed by: Swanger, Ronald, MD 9/5/2017 2:42 PM

Washoe

Received
SEP 06 2017
CCMSI-Reno

Sep. 8. 2017 3:26PM

Received: 09/15/2017

No. 0803 P. 2/2837

09-05-17 10:06am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spine stenosis cervical re

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

1:30 2:30

Discipline: PT # Visits Prior To Today: 7 of 8

Date: 09 05 17 Total Time Based Time: 60 Total Treatment Time: 60

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain; 10 = worst pain)

H/A cont towards the end of the day. C/s is just sore.

Objective Data/Tests: ☐ See Initial Evaluation (include objective and functional tests specific to patients condition)

Treatment Provided ☑ See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 20 min to ☑ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function
☑ Verbal Consent Obtained Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x____ min to ☐ Increase/improve abilities ☐ Independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 15 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☑ posture ☐ proprioception ☑ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 15 min to increase ☑ strength ☐ range of motion ☐ flexibility ☑ endurance

SELF CARE/HOME MGT TRAINING x____ min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection
☐ Improve postural control during ADLs ☐ Other (Specify): ______

GAIT TRAINING x____ min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x____ min. Specify______

GROUP THERAPY (untimed code) x____ min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Received
SEP 1 8 2017
CCMSI-Reno

Therapeutic Modalities
Type: MH Setting(s): ______ x 10 min. to C/s

Type: ______ Setting(s): ______ x____ min. to

Rationale: ☑ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☑ Facilitate healing/exercise ☐ Decrease Effusion ☑ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

C/s musculature cont to be very tight. Did better c̄ strengthening today. Did not produce H/A.

Treatment Plan: ☑ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
[signature] SPT/DPT	Amanda Cowles	2149	9/6/17

SIERRA NEUROSURGERY GROUP_NEURO • 75 PRINGLE WAY, RENO NV 89502 1475 15853E839641

KLINE, KIMBERLY M (id #147855, dob: 10/07/1979)

Patient Demographics

Patient	Kline, Kimberly M (#147855)
Address	1617 Mountain Ln Reno, NV 89521
Phone Numbers	H: (775) 815-5790 M: (775) 815-5790
Care Team	**Primary Care Provider:** JENNIFER M LEARY APN: 645 N ARLINGTON AVE STE 600, RENO, NV 89503, Ph (775) 322-3393, Fax (775) 322-3385 NPI: 1609160316 **Insurance Adjuster (Worker's Comp):** LISA JONES: Ph (775) 324-9891, Fax (775) 324-9893

Encounter Notes

Encounter Date	09/06/2017
Chief Complaint	1. 12 weeks status post C4-C7 ACDF.
History of Present Illness	Kim Kline presents today for review. Again prior to surgery, she was involved in a work-related injury with a motor vehicle accident. Since that time, she has been struggling with neck pain and left arm pain and numbness. Today, she presents to 12-week postoperative review. Her symptoms continue to be much improved. There is slight numbness in her left hand but it is very manageable. She also has some occasional posterior neck pains. She is not having the shooting pains that she once did. She has done PT which she believes is helping. She also believes that the pressure in her neck has settled as well. She is very pleased with her recovery at this stage.
Past Medical History	Reviewed Past Medical History
Past Surgical History	Reviewed Surgical History 1. Ankle sprain with surgery 2. Cholecystectomy
Medications	Reviewed Medications **PROzac 40 mg capsule** 04/03/17 entered Take 1 capsule(s) every day by oral route. **Robaxin-750 750 mg tablet** 09/06/17 prescribed Take 1 tablet(s) every 4 hours by oral route. **traMADol 50 mg tablet** 04/25/17 prescribed Take 1 tablet(s) EVERY 4-6 HOURS by oral route, prn pain.
Allergies	Reviewed Allergies NKDA
Social History	Reviewed Social History Smoking Status: Never smoker Advance directive: N
Family History	Reviewed Family History Father - Arthritis Mother - Family history of cancer (onset age: 65)

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Received: 09/11/2017

Review of Systems	**Additionally reports: The patient completed a review of 16 symptoms and a pain diagram. This was reviewed at the time of initial consultation. Any pertinent positives have been included in the HPI, otherwise they were scanned into the medical record at that time. The patient's medications were reviewed at the time of the visit, also the patient's smoking status and BMI was reviewed with the patient. If the patient smoked or BMI was outside normal limits, the patient was encouraged to discuss with PCP treatment for this including options such as bariatric surgery.**
Physical Exam	Patient is a 37-year-old female. On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally.
Labs/Data/Imaging	N/A
Procedure Details	None recorded
Assessment and Plan	Imaging: Updated x-rays from RDC show C4-C7 instrumentation that is well aligned without evidence of loosening or failure. There is no instability on dynamic images. Impression 1. 12 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. **1. Spinal stenosis in cervical region** M48.02: Spinal stenosis, cervical region • Robaxin-750 750 mg tablet - Take 1 tablet(s) every 4 hours by oral route. Qty: 60 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 3277 **Discussion Notes** Kim is doing well from her surgery. There is still some achiness in the neck and I will start her on robaxin. She is to call with any concerns and we will continue to follow up with her as needed moving forward. Plan 1. Robaxin 2. Review PRN Return to Office None recorded

Curt Erickson, PA-C

Electronically Signed by: CURT ERICKSON, PAC, PA-C
09/06/2017 11:22 AM

Received: 09/15/2017
Sep. 8. 2017 3:40PM No. 0304 P. 2/12
09-07-17 11:57am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ____ OR Co - Insurance: ____
Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervical re
Payor Code: A0026 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

2:05 3:05

Discipline: PT # Visits Prior To Today: 8 of 8
Date: 09 07 17 Total Time Based Time: 60 Total Treatment Time: 60

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

neck is not as tired c̄ taking weh off of work. Ht stil present @ end of the day.

Objective Data/Tests: ☐ See Initial Evaluation (Include objective and functional tests specific to patients condition)

Treatment Provided: ☑ See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 15 min to ☑ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function ☑ Verbal Consent Obtained. Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x____ min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 15 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☑ posture ☐ proprioception ☑ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 30 min to increase ☑ strength ☐ range of motion ☐ flexibility ☑ endurance

SELF CARE/HOME MGT TRAINING x____ min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify):

GAIT TRAINING x____ min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x____ min: Specify

GROUP THERAPY (untimed code) x____ min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Therapeutic Modalities
Type: MHP Setting(s): ____ x 10 min. to c/s
Type: ____ Setting(s): ____ x ____ min. to
Rationale: ☑ Decrease pain/restriction/spasm ☑ Improve tissue extensibility ☑ Facilitate healing/exercise ☐ Decrease Effusion ☑ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

improving tone of c/s musculature. p.d well c̄ strengthening.

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Treatment Plan: ☑ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amy Cowles PT, DPT	Amanda Cowles	2149	9/7/17

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026 02075   Co - Pay: ______   OR   Co - Insurance: ______
Name: Kline, Kimberly   Injury #: 002   Dx: M48.02 Spinal stenosis, cervical
Payor Code: A0028   Payor Name: CCMSI   Financial Class: WCOMP

Appointment Detail   1:30   2:25

Discipline: PT   # Visits Prior To Today: 9 of 16
Date: 09 12 17   Total Time Based Time: 65   Total Treatment Time: 55

Subjective: (Patient Self Report/Functional Changes)   Pain Level   (0= no Pain 10 = worst pain)

Tight R/t c/s. Had x-rays last week & hardware looks good. Gave me Rx for mild muscle relaxer. But have not taken +

Objective Data/Tests: ☐ See Initial Evaluation (Include objective and functional tests specific to patients condition)

Treatment Provided: ☑ See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 16 min to ☑ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function
☑ Verbal Consent Obtained   Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x____ min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 15 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☑ posture ☐ proprioception ☑ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 25 min to increase ☑ strength ☐ range of motion ☐ flexibility ☑ endurance

SELF CARE/HOME MGT TRAINING x____ min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety ☐ jnt protection ☐ improve postural control during ADLs ☐ Other (Specify): ______

GAIT TRAINING x____ min. to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x____ min: Specify ______

GROUP THERAPY (untimed code) x____ min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session Included: 1 2 3 4 others (circle)

Therapeutic Modalities
Type: ______ Setting(s): ______ x____ min. to
Type: ______ Setting(s): ______ x____ min. to

Rationale: ☐ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☐ Facilitate healing/exercise ☐ Decrease Effusion ☐ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

pt cont c sig hypertonicity of c/s musculature. Did well c stretching.

Received
SEP 20 2017
CCMSI-Reno

Treatment Plan: ☑ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Cowles PT DPT	Amanda Cowles	2149	9/12/17

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervical re

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail 2:00 2:55

Discipline: PT # Visits Prior To Today: 10 of 16

Date: 09 14 17 Total Time Based Time: 55 Total Treatment Time: 55

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

Neck feels 60% improved. Cont c HA daily + ↑ intensity @ end of the day. Improved mobility. still have numbness in thumb + up arm

Objective Data/Tests: ☐ See Initial Evaluation (include objective and functional tests specific to patients condition)

C/S AROM: ✓ 48 / 30 rot L 65 R 70 SB L 15 R 20

C/S myotome ✓ dermatome ↓ C5

Treatment Provided: ☐ See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 10 min to ☑ Decrease pain/restriction ☐ Facilitate healing ☑ Improve jt/tissue mobility ☐ Restore tissue function
☑ Verbal Consent Obtained. Tissue/Technique: STM

THERAPEUTIC ACTIVITIES x____ min to ☑ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 15 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☐ posture ☐ proprioception ☑ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 10 min to increase ☑ strength ☐ range of motion ☐ flexibility ☑ endurance

SELF CARE/HOME MGT TRAINING x____ min to ☐ Increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ Improve postural control during ADLs ☐ Other (Specify): ______

GAIT TRAINING x____ min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x____ min: Specify______

GROUP THERAPY (untimed code) x____ min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Therapeutic Modalities

Type:______ Setting(s): ______ x____ min. to

Type:______ Setting(s): ______ x____ min to

Rationale: ☐ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☐ Facilitate healing/exercise ☐ Decrease Effusion ☐ Improve mobility

Assessment (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

Improving mobility of C/S. Cont'd ↑ hypertonicity of C/S musculature. Cont'd ↓ sensation @ C5 dermatome

Treatment Plan: ☐ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

Cont PT 2x/wk 6 weeks

Provider(s) Signature	Provider Name(s) Printed	License #	Date
[signature] PT, DPT	Amanda Caudles	2149	9/14/17

Received 09/21/2017

FAXED 9-21-17

CUSTOM PHYSICAL THERAPY
EVIDENCE - BASED REHABILITATION

UPDATED PLAN OF CARE
For outpatient rehabilitation

PATIENT: Kimberly Kline **DOB: 10/07/79**

REFERRING PHYSICIAN: Lali Sekhon, M.D. THERAPIST: Amanda Cowles, P.T., D.P.T.

DIAGNOSIS: Status post cervical spine ACDF at C4 through C7. DATE OF SURGERY: 06/12/17

START OF CARE DATE: 08/10/17
TOTAL VISITS: 11

DATE OF REEVALUATION: 09/14/17
RECOMMENDED ADDITIONAL VISITS: 12

Evaluation of Progress: Patient is making good progress with physical therapy. She does however continue with significant myofascial tightness throughout her cervical spine. She reports her neck feels approximately 50% improved. She does continue with headaches daily with increased intensity towards the end of the day. She is presenting with improved mobility. She has continued numbness at her thumb and down her arm on the left side.

Patient Problems:
1. Cervical spine AROM: Flexion = 40°, extension = 30°, rotation left = 55°, rotation right = 70°, side bend left = 15°, side bend right = 20°
2. Cervical spine myotome strength is 5/5.
3. Patient continues with decreased dermatome sensation at C5 on the left.
4. Neck Index is improved from 40% to 28%.

Were previous goals met? Short-term goals have been met and patient is progressing towards long-term goals.

Updated plan of treatment: Continuation of manual treatment to decrease pain and improve mobility, progression of a therapeutic exercise and activity program to cervical spine and scapular stabilizers, neuromuscular reeducation activities to postural stabilizers, patient education including posture and body mechanics education, modalities including moist heat and ice and progression of a home exercise program as appropriate.

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Short term goals: Patient will report 50% improvement in headache frequency in 2-4 weeks.

Long term goals:
1. Patient will improve her Neck Index to < 10 in 6-8 weeks.
2. Patient will be able to complete a work day with 90% improvement in pain and headache frequency in 6-8 weeks.
3. Patient will be able to resume performing laundry and grocery shopping with no difficulty in 6-8 weeks.
4. Patient will be able to sleep 6-8 hours without waking from cervical spine pain in 6-8 weeks.

Goals discussed with patient? Yes
Rehabilitation potential is: Good.
Patient informed of Diagnosis/Prognosis? Yes.
Frequency/Duration: 2x/week for 6 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: Amanda Cowles PT, DPT Date: 9/14/17

Referring Physician's signature: _____ Date: _____
T: rsdmt.com/CL/MV

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☐ **NORTHWEST RENO** • 1610 Robb Drive, Suite D5 • Reno, NV 89523 • T: 775.746.9222 • F: 775.746.9224

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PT

FAXED 09.19.17

CUSTOM PHYSICAL THERAPY
EVIDENCE - BASED REHABILITATION

UPDATED PLAN OF CARE
For outpatient rehabilitation

PATIENT: Kimberly Kline | **DOB:** 10/07/79

REFERRING PHYSICIAN: Lall Sekhon, M.D. | **THERAPIST:** Amanda Cowles, P.T., D.P.T.

DIAGNOSIS: Status post cervical spine ACDF at C4 through C7. | **DATE OF SURGERY:** 08/12/17

START OF CARE DATE: 08/10/17
TOTAL VISITS: 11

DATE OF REEVALUATION: 09/14/17
RECOMMENDED ADDITIONAL VISITS: 12

Evaluation of Progress: Patient is making good progress with physical therapy. She does however continue with significant myofascial tightness throughout her cervical spine. She reports her neck feels approximately 50% improved. She does continue with headaches daily with increased intensity towards the end of the day. She is presenting with improved mobility. She has continued numbness at her thumb and down her arm on the left side.

Patient Problems:
1. Cervical spine AROM: Flexion = 40°, extension = 30°, rotation left = 55°, rotation right = 70°, side bend left = 15°, side bend right = 20°
2. Cervical spine myotome strength is 5/5.
3. Patient continues with decreased dermatome sensation at C5 on the left.
4. Neck Index is improved from 40% to 28%.

Were previous goals met? Short-term goals have been met and patient is progressing towards long-term goals.

Updated plan of treatment: Continuation of manual treatment to decrease pain and improve mobility, progression of a therapeutic exercise and activity program to cervical spine and scapular stabilizers, neuromuscular reeducation activities to postural stabilizers, patient education including posture and body mechanics education, modalities including moist heat and ice and progression of a home exercise program as appropriate.

Short term goals: Patient will report 50% improvement in headache frequency in 2-4 weeks.

Long term goals:
1. Patient will improve her Neck Index to < 10 in 6-8 weeks.
2. Patient will be able to complete a work day with 90% improvement in pain and headache frequency in 6-8 weeks.
3. Patient will be able to resume performing laundry and grocery shopping with no difficulty in 6-8 weeks.
4. Patient will be able to sleep 6-8 hours without waking from cervical spine pain in 6-8 weeks.

Goals discussed with patient? Yes | **Patient informed of Diagnosis/Prognosis?** Yes.
Rehabilitation potential is: Good. | **Frequency/Duration:** 2x/week for 6 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: Amanda Cowles PT, DPT Date: 9/14/17

Referring Physician's signature: Date: 9/20/17
T: redmL.com/CL/MV

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REVIEWED
By SHMCO at 2:08 pm, Sep 20, 2017

12837

09/21/17 09:45am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____

Name: Kline, Kimberly Injury #: 002 Dx: M48.02 Spinal stenosis, cervicalre

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail 9:30 -10:25

Discipline: PT # Visits Prior To Today: 11 of 24

Date: 09 21 17 Total Time Based Time: 55 Total Treatment Time: 55

Subjective: (Patient Self Report/Functional Changes) Pain Level (0= no Pain 10 = worst pain)

clc to sore + tight

Objective Data/Tests: ☐ See Initial Evaluation (Include objective and functional tests specific to patients condition)

Worth comp denied cont'd auth will be pts last visit.

progressed HEP per checklist in chart.

Treatment Provided: See Flow Sheet for Specific Techniques, Interventions, Exercises, Activities and/or Training

MANUAL THERAPY x 30 min to ☒ Decrease pain/restriction ☐ Facilitate healing ☒ Improve jt/tissue mobility ☐ Restore tissue function ☐ Verbal Consent Obtained. Tissue/Jt./Technique:

THERAPEUTIC ACTIVITIES x_____min to ☐ increase/improve abilities ☐ independence in functional tasks and activities

NEUROMUSCULAR RE-ED x 5 min to improve ☐ balance ☐ coordination ☐ kinesthetic sense ☐ posture ☐ proprioception ☐ motor skill stability ☐ desensitization

THERAPEUTIC EXERCISE x 30 min to increase ☒ strength ☒ range of motion ☒ flexibility ☒ endurance

SELF CARE/HOME MGT TRAINING x_____min to ☐ increase/improve abilities ☐ independence in ADLs ☐ improve safety/joint protection ☐ improve postural control during ADLs ☐ Other (Specify) _____

GAIT TRAINING x_____min to ☐ improve safety ☐ increase independence ☐ restore normal gait ☐ correct or minimize gait deviations

OTHER PROCEDURE x_____ min: Specify_____

GROUP THERAPY (untimed code) x_____min for ☐ Ther. Exer ☐ Neuromuscular Reed ☐ Ther Act ☐ Aquatic Therapy ☐ Other
Group Session included: 1 2 3 4 others (circle)

Therapeutic Modalities
Type:_____ Setting(s):_____x_____min. to

Type:_____ Setting(s):_____x_____min. to

Rationale: ☐ Decrease pain/restriction/spasm ☐ Improve tissue extensibility ☐ Facilitate healing/exercise ☐ Decrease Effusion ☐ Improve mobility

Assessment: (Response to Treatment, Goal Attainment, Objective Progression, Justification for Continuing Services)

pt cont'd to exp hypertonicity of cls musculature. would cont to benefit from PT however worth comp has denied cont'd PT.

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SEP 27 2017
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Treatment Plan: ☐ Progress per treatment plan ☐ Re-Evaluate ☐ Update/Revised Home Program

DC to HEP.

Provider(s) Signature	Provider Name(s) Printed	License #	Date
Amanda Cowles PTDPT	Amanda Cowles	3449	9/21/17

LJ

Russell N. Anderson, DC
290 SE Court Street
Prineville, OR 97754
(541) 903-1444 (541) 362-4090-FAX

PERMANENT PARTIAL DISABILITY EVALUATION

Claimant: Kimberly Kline
Claim #: 15853E839641
CCMSI
Lisa Jones-Claims Representative
Date of Injury: 06\25\2015
Date of Evaluation: November 10th, 2017

Kimberly Kline presented to my Reno Office for a formal PPD evaluation on Friday, November 10th, 2017 at 8:30 AM. The insurance company approved the evaluation of her cervical spine.

Treatment History

5\11\2015: Brett Men-Muir, MD: She is here for BL lower back pain. This is not work related. She has been complaining of LBP for several months. It was exacerbated last month. It is 8\10 in severity. She takes diclofenac, Zoloft, and ibuprofen. A history of depression. X-rays show L4-5 disc DJD. DX: discogenic back pain. Plan: PT and voltaren.

6\25\2015: Richard Law, MD: Moderate pain in the upper lumbar spine, mid lumbar, and lower lumbar spine; radiates to the right thigh and left thigh. She had similar symptoms recently; had an MRI 1 month ago; hx of herniated disc at L3-4 and L4-5. She has had previous chronic LBP; intervertebral disc disease. Her meds include Zoloft. Exam show tenderness in the lumbar spine. Impression: acute lumbar radiculopathy, lumbar sprain, and acute lumbar pain. Plan: ice, limited activity, flexeril, norco, prednisone, follow up.
06\25\2015: This is a C-4 form that states "I was rear-ended". The claimant was seen at St. Mary's regional Medical Center ER. Her initial DX was acute lumbar sprain; MVA".
6\30\2015: Scott Hall, MD: She presents for her back after a (2nd) MVA on 6\25\15. She now reports: neck pain, lumbar and thoracic pain. Assessment: neck and back sprain. Plan: chiropractic care, full duty work, return in 2 weeks.
7\14\2015: Scott Hall, MD: She continues with neck and back issues. Plan: PT, full duty, conservative treatment.
8\20\2015: Scott Hall, MD: Her neck has improved and she describes only muscular tightness that is mild. She has no arm symptoms; PT has been helpful. Plan: complete her PT and monitor.
8\26\2015: Custom PT: She had a PT re-eval today; 12 more visits are recommended over the next 4 weeks.
9\23\2015: Scott Hall, MD: She reports improving NP; a 3\10. She is getting PT.
10\28]\2015: Scott Hall, MD: Her neck has improved; no current significant symptoms. No arm symptoms.

PAGE 2: Kim Kline continued

1\3\2016: *MRI of the C-Spine:* Impression: Disc degeneration with large protrusions at C5-6 and at C6-7; this results in complete effacement of the CSF from the dorsal and the ventral aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity to suggest cord edema or myelomalacia.

1\13\2016: Bryan Hansen, MS DC (Leading Edge Chiropractic): She presents with NP with associated weakness and numbness. Her symptoms started 7 days ago, but there is "high likelihood that her symptoms are related to the MVA she recently sustained". She was released from care for that several weeks ago. Her DX is disc displacement. Plan: cold pack to the neck; spinal decompression; E-stim; laser therapy.

1\14\2016: She reports symptoms of numbness and weakness. She was treated again with cold, decompression table, E-stim, and laser.

1\15\2015: She states NP, numbness, and weakness; same treatment.

01\18\2016: The notes are about the same today.

01\19\2016: Decompression treatment and therapies.

1\20\2016: She continues with chiropractic treatment.

1\21\2016: Nothing new.

1\25\2016: Same notes and treatment.

01\27\1016: A re-exam was done today. Continue treatment plan. There were further chiropractic, traction, and therapy modalities on: 1\28\16, 2\1\16, 2\2\16, 2\5\16, 2\8\16, 2\10\16, 2\12\16, 2\16\16, 2\19\16, 2\24\16, 3\16\2016: She has completed the 20 visits of prescribed treatment; non-surgical spinal decompression to address the C6-7 and C5-6 radiculitis to the left. She has improved greatly and has only mild pain in the left UE. She is to do HEP.

3\16\3016: Scott Hall, MD: There was no evidence of neurologic involvement after the MVA. She responded to conservative care with resolution of her symptoms. The new onset of quite severe symptoms started spontaneously and it is uncertain if there is any relation to the industrial injury. She had sought treatment from an orthopedist prior to the WC injury. All indication are that the claimant had completely recovered from the industrial injury by the end of October, 2015.

4\28\2016: Bryan Hansen, DC: She presents with NP, weakness, and numbness. She is to do HEP.

7\5\2016: Lali Sekhon, MD: Her CC is NP, stiffness, and left arm numbness and pain. She previously had neck and back issues that were manageable in the past until she was in the car accident in June, 2015. There were actually 2 accidents. She had physical therapy and chiropractic treatments. She had an epidural that really did not help. She rates her NP, HA and pressure feeling in the neck as 5\10 in severity. The left arm symptoms are in a C6 distribution. Her right arm is OK. She feels that she has plateaued. Assessment: cervicalgia, cervical spine stenosis, C4-5 spondylolisthesis, failed conservative therapy, minimal spondylosis at L3-4 to L5-S1. She has cord compression and weakness; Dr. Sekhon thinks that it is reasonable to offer her surgery; the accident probably exacerbated her underlying stenosis. She was offered C4-5 to C6-7 decompression and fusion.

Page 3: Kim Kline continued

4\3\2017: Kurt Erickson, PA-C: Dr. Sekhon and I were able to review Kim Kline again today. She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following a C6 distribution. The left arm symptoms are rated as 9\10. She has trouble sleeping. The intensity is about the same as last July. She has cervical spondylosis with cord pressure at C5-6 and C6-7. She has failed conservative treatment. It is reasonable to offer her surgery. The plan is to repeat C-spine MRI and X-rays.

4\21\2017: *C-Spine MRI*: Impression: Moderate disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

C-Spine X-rays: Impression: mild disc narrowing and facet degenerative changes of the lower C-spine; development of retrolisthesis of 2mm, C4 on C5 and 1mm retro of C6 on C7 on extension of the C-spine.

4\25\2017: Lali Sekhon, MD: Her arm is worse. Her options were discussed, she wants surgery.

6\8\2017: Lali Sekhon, MD: She returns for review and all of her questions were answered. She again requests surgery.

6\12\2017: Lali Sekhon, MD: Operative Report: Procedures: C4-5, C5-6, and C6-7 anterior cervical decompression, interbody fusion using interbody cages and bone graft substitute; C4-C7 anterior fixation using a cervical locking plate. The X-ray shows "anterior cervical fusion and placement of disc devices"

6\26\2017: Curt Erickson, PA-C: She still has achiness in her neck; the left arm symptoms have improved. Follow in 4 weeks.

7\26\2017: Curt Erickson, PA-C (For Dr. Sekhon): The X-rays show no instability. She has ongoing numbness in the left hand and forearm; not as bad as before.

8\10\2017: Amanda Cowles, PT (Custom PT): She is having some trouble with ADLs. She can flex to 25 degrees, extend to 20, left bending to 20, right bending to 25, rotation to 60. She had about 7 PT follow ups. On the 9\14\17 visit, Kim could flex to 40, extend to 30, left rotation 55, right rotation 70, left bending 15, right bending to 20.

9\5\2017: Curt Erickson, PA-C: Her symptoms are much improved; there is slight numbness in her left hand; very manageable. She has occasional neck pain. She believes the PT is helping. Cervical spine X-rays today show fusion from C4 to C7 with no evidence of hardware complications.

9\11\2017: Dr. Sekhon fills out a questionnaire from Specialty Health. He says the claimant is stable and reached maximum medical improvement. She is released to full duty. Her restrictions are "common sense". She is ratable.

The above represents all of the medical records that were presented for my review.

PAST MEDICAL HISTORY

Prior to this work related injury\accident, Kimberly has previously received some chiropractic care. She tells me that this was mostly for lower back pain. She would get her neck (C-spine)

adjusted sometimes, but denies any significant prior neck pain, disability, or radiation upper
Page 4 (Kimberly Kline cont)
extremity symptoms. She was treating in the months before this accident (2015) for LBP that was not work related. Ms. Kline previously used Zoloft for depression. She denies any current prescription medications. She currently takes OTC Advil.

Ms. Kline previously suffered a work-related right wrist injury and right shoulder injury. She did not receive impairment ratings for this. Her surgical history includes an ankle surgery to re-attach tendons.

CURRENT SYMPTOMS

Currently, Ms. Kline has a chief complaint of frequent, daily headaches and limited mobility in her neck. She complains particularly of limitations with looking up to either side. She is also complaining of numbness in the left wrist and hand effecting the ring and little fingers in a C6 and\or ulnar nerve pattern.

Kim is having some difficulty with looking up to rinse in the shower. When driving, it is difficult for her to look into the back seat or behind her. Her neck seems to get tired quickly when driving and when working on the computer. Her neck gets tired when reading.

Physical Examination

Cervical Spine

Inspection reveals no cervical antalgia. She is in no distress. I observe a surgical scar on the anterior\left cervical region. It measures 7.2 CM.

Palpating the cervical spine soft tissue structures, I find the right splenius to by hypertonic. The right SCM muscle is tight and tender.

Passive motion of the cervical spine is noticeably limited on right rotation. There is a tight end-feel.

Measuring the muscle girth of the forearms, I find the right forearm to be 26.6 CM at the area of greatest circumference. The left forearm measures 25.2 CM.

The claimant performed a brief warm-up of cervical spine motions, after which we measured active ranges of motion using dual inclinometers. The claimant did appear to give her best effort on all ROM measurements.

Cervical Spine Active Ranges of Motion

Flexion: Calvarium: 1. 48 2. 48 3. 46

PAGE 5 (KIMBERLY KLINE)

T1: 1. 8 2. 4 3. 8
Max ROM = 48-4= 44 degrees (1% WPI)
Extension: Calvarium: 1. 38 2. 38 3. 38
T1: 1. 8 2. 10 3. 8
Max ROM = 38-8= 30 degrees (3% WPI)
Right Bending: Head: 1. 38 2. 40 3. 44 4. 40
T1: 1. 4 2. 6 3. 6
Max ROM = 44-6= 38 degrees (no impairment)
Left Bending: Calvarium: 1. 38 2. 36 3. 36
T1: 1. 4 2 3. 4
Max ROM = 38-4= 34 degrees (1% WPI)
Right Rotation: 1. 64 2 64 3 62
Max ROM = 64 degrees (1% WPI)
Left Rotation: 1. 56 2. 58 3. 58
Max ROM = 56 degrees (1% PWI)

Whole person impairments from motion loss at various cervical spine motions are added: 1+3+1+1+1= 7% WPI from motion loss in the cervical spine.

I can elicit equal, +2 deep tendon reflexes at Right and Left biceps, brachioradialis, and triceps.

The claimant can demonstrate 5\5 strength, equal bilaterally at shoulder, elbow, wrist, and fingers.

She has some decreased sensibility to light touch over the C6 dermatome on the left. This includes partial loss of 2 point discrimination over the palmar left right and little fingers (2 point sense at 9mm). This is grade 3 sensory loss, 25% sensory deficit of the C6 nerve root (Table 15-15); we multiply this to the maximum upper extremity impairment for sensory loss at C6 (8%, Table 15-17) and we get *2% left upper extremity impairment, 1% WPI.*

Impairment Calculation

If we are to use the diagnosis related estimate in this case (due to multi-level involvement and multilevel fusion), then; using Table 15-7, part IV, Ms. Kline has 10% WPI from spinal fusion with residual signs and symptoms. We add 1% for each additional level (2 additional) to get *12% whole person impairment from Specific Spine Disorder*

As described above, this claimant has a cumulative total of *7% whole person impairment from motion loss* in the cervical spine.

She has *1% WPI for sensory loss* coming from the C6 nerve root.

Combining 12% with 7%, we get 18%; this is then combined with 1% to get a total of *19% whole person impairment from the cervical spine.*

PAGE 6 (KIMBERLY KLINE)

Using the DRE method, this claimant would be easily placed in Cervical Spine DRE category IV due to loss of motion segment integrity. This is ***25% impairment of the whole person*** and this method should be used since it results in a higher rating (AMA Guides, 5th Edition, page 380).

MMI AND MEDICAL STABILITY

The claimant has reached a stable plateau of medical improvement. Her condition has not changed over the last 45 days. Her condition is not likely to change significantly over the next 12 months with or without treatment
She has reached maximum medical improvement.

APPORTIONMENT

The claimant had underlying cervical spine issues that pre-date this work related car accident and injury. Namely, the MRI and radiographic reports show cervical spine degenerative discs with large protrusions at C5-6, C6-7; effacement of the CSF, and severe canal stenosis (MRI of 1\3\2016). It is not logical to believe that these findings are related to the car accident that she was involved in 6 months earlier.

This claimant's 25% whole person impairment is based upon the surgery that was performed. The surgery was performed due to cervical spine spondylosis, stenosis, and cord pressure at C4-5 to C6-7.

75% of this claimant's whole person impairment (cervical spine) is apportioned as non-industrial
25% of her impairment is industrial and related to the work injury that occurred on 6\25\2015 because:

- The claimant had no documented cervical spine injury or pain immediately after the accident (symptoms began 6\30\2015). After that, the cervical strain could be described as slight.
- The findings of cervical spine spondylosis, stenosis, and disc bulges cannot be logically attributable to this car accident\work injury. These findings provided the indication for fusion surgery in the cervical spine.
- The claimant had responded well to physical therapy and medical treatment and had nearly completely resolved her cervical spine complaints prior to December, 2015. She had no upper extremity symptoms at the time of release from care.

On the other hand, the claimant denies any prior upper extremity symptoms (radiculopathy) before this injury. This work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause.

PAGE 7 (KIMBERLY KLINE)

So, apportioning 75% of this claimant's impairment as non-industrial, we take 25% of this claimant's whole person impairment (which was 25% WPI), and we get ***6% WPI related to this work injury (that occurred on 6\25\2015).***

PERMANENT IMPAIRMENT SUMMARY

The claimant has 25% whole person impairment coming from the cervical spine. Of this, ***6% WPI is related to the work related injury that occurred on 6\25\2015.***

This is reasonable, should be awarded, and case closure should occur.

Respectfully,

Russell N. Anderson, DC

JAMES C. JEMPSA, DO

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PERMANENT PARTIAL DISABILITY EVALUATION ADDENDUM

RE:	CLAIMANT:	Kimberly Kline
	SSN:	
	CLAIM NO.:	15853E839641
	DOI:	06/25/2015
	EMPLOYER:	City of Reno
	DATE OF EXAM:	05/08/2018
	DATE OF REPORT:	05/18/2018
	BODY PARTS:	1. Cervical.

In regards to your letter dated May 15, 2018. You will need to contact Dr. Anderson concerning his rationale for apportionment of Ms. Kline. I will provide you my opinion as far as apportionment is concerned with Ms. Kline. The claimant stated that she had no problems with her neck prior to her industrial injury of June 25, 2015. I have not received any medical records prior to the industrial injury of June 25, 2015. In accordance with NAC 616C.490 it is my opinion that apportionment is not necessary in this case. Therefore, 0% whole person impairment for apportionment. I recommend that the case should be closed with 27% whole person impairment for her cervical spine.

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,

James C. Jempsa, DO
Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

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PERMANENT PARTIAL DISABILITY EVALUATION

RE:	CLAIMANT:	Kimberly Kline
	SSN:	
	CLAIM NO.:	15853E839641
	DOI:	06/25/2015
	EMPLOYER:	City of Reno
	DATE OF EXAM:	05/08/2018
	DATE OF REPORT:	05/14/2018
	BODY PARTS:	1. Cervical.

DIAGNOSIS:

1. Multilevel cervical fusion.

PLACE OF EXAMINATION: Reno, Nevada.

INTRODUCTION: The claimant presents to our office today for a Permanent Partial Disability rating performed in accordance with the Fifth Edition, Sixth Printing, AMA Guides to the evaluation of Permanent Impairment. The claimant was informed with regards to the purpose of this examination. It is understood that there is no patient/treating physician relationship established on the basis of today's examination. It was explained that the evaluation was requested by the referral source and the report will be sent to the referral source upon completion.

Dear Lisa Jones:

Kimberly Kline sustained industrial injury to her neck on June 25, 2015. She subsequently went on to have a multilevel fusion of her cervical spine. She presents today for a PPD evaluation of the cervical spine.

PERSONAL DATA:

The claimant was identified by her picture on a Nevada Driver's License #0701144556. She gives a birth date of 10/07/1979 making the claimant 38 years of age at the time of this evaluation.

The claimant has lived in Reno for approximately the last 38 years.

She has completed school greater than 16 years.

The claimant has not served in the military.

REVIEW OF MEDICAL RECORDS:

All significant medical records provided were reviewed.

On June 25, 2015 initial evaluation at St. Mary's Regional Medical Center. History of Present Illness: Chief Complaint: Back injury and back pain. It is described as being moderate degree of pain in the upper lumbar mid lumbar and lower lumbar spine radiating into the right thigh and the left thigh. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss. Past History: The patient had prior back pain. Physical Exam: Neck: Normal inspection. Neck nontender. Painless range of motion. Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine. Neuro: No motor deficit. No sensory deficit. Reflexes normal. Impression: Acute lumbar radiculopathy. Sprain of lumbar spine. Acute pain in the lower back. Prescription Medications: Flexeril, Norco and prednisone.

On June 30, 2015 evaluation at Specialty Health Clinic. Chief Complaint: Back-2nd MVA 6-25-15. History of Present Illness: Patient was involved in a second motor vehicle accident on June 25, 2015 when she was rear-ended at high-speed. Currently the patient reports: 1. Neck discomfort-moderate, diffuse, radiation into the right shoulder, associated stiffness. 2. Lumbar and thoracic pain-diffuse, nonradiating, no red flags, no numbness or weakness reported and legs. Physical Exam: Cervical exam-mild diffuse muscular tenderness to palpation, normal inspection, normal strength and sensation in both arms, normal reflexes throughout both arms, range of motion, flexion 40°, extension 50°, lateral rotation 70° bilaterally with pain at extremes. Assessment: Sprain of neck. Plan: Chiropractic, full duty, return in two weeks.

On May 11, 2015 initial evaluation by Dr. Men-Muir. He evaluated her low back.

On July 14, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness. Physical Exam: Musculoskeletal: Neck-normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On August 20, 2015 follow-up visit at Specialty Health Clinic. Chief Complaint: Cervical strain. History of Present Illness: Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues. Physical Exam: Musculoskeletal: Exam-normal inspection, mild muscular tenderness palpation over the trapezius, full motion with grossly normal strength and sensation in arms. Assessment: Sprain of neck. Plan: Full duty, MMI.

On September 23, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports improving neck discomfort, rated 3/10, Central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms. Physical Exam: Musculoskeletal: Neck exam-normal inspection, minimal muscle tenderness to palpation, full motion, normal strength and sensation in both arms. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On October 28, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported. Patient has completed treatment. Physical Exam: Musculoskeletal: Neck exam-normal inspection, nontender to palpation, full motion with grossly normal strength. Assessment: Sprain of ligament of the cervical spine Plan: Full duty, MMI.

On January 13, 2016 MRI of the cervical spine without contrast impression: Disc degeneration with large disc protrusion at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspect of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

On January 13, 2016 chiropractic treatment by Dr. Hansen.

On January 14, 2016 chiropractic treatment by Dr. Hansen.

On January 15, 2016 chiropractic treatment by Dr. Hansen.

On January 18, 2016 chiropractic treatment by Dr. Hansen.

On January 19, 2016 chiropractic treatment by Dr. Hansen.

On January 20, 2016 chiropractic treatment by Dr. Hansen.

On January 21, 2016 chiropractic treatment by Dr. Hansen.

On January 25, 2016 chiropractic treatment by Dr. Hansen.

On January 26, 2016 chiropractic treatment by Dr. Hansen.

On January 27, 2016 chiropractic treatment by Dr. Hansen.

On January 28, 2016 chiropractic treatment by Dr. Hansen.

On February 1, 2016 chiropractic treatment by Dr. Hansen.

On February 2, 2016 chiropractic treatment by Dr. Hansen

On February 5, 2016 chiropractic treatment by Dr. Hansen

On February 8, 2016 chiropractic treatment by Dr. Hansen

On February 10, 2016 chiropractic treatment by Dr. Hansen

On February 12, 2016 chiropractic treatment by Dr. Hansen

On February 16, 2016 chiropractic treatment by Dr. Hansen

On February 19, 2016 chiropractic treatment by Dr. Hansen

On February 24, 2016 chiropractic treatment by Dr. Hansen

On March 16, 2016 follow-up visit at Specialty Health Clinic.

On April 28, 2016 chiropractic treatment by Dr. Hansen

On July 5, 2016 neurosurgical evaluation. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She is done extensive physical therapy. Physical Examination: Cervical: Neck, shoulders and low back have normal range of motion with no scars. Palpation for tenderness. Arms have normal range of motion with no scars. She has a reduce range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators in the left, biceps and triceps on the left. She has diminished reflexes in the upper extremities. Impression/Plan: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord

compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. Kimberly has a cord compression and weakness. I think it is reasonable to offer her surgery. She states she never had these arm symptoms before the accident and although she may have had pre-existing spondylosis, the accident had probably exacerbated her underlined stenosis. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On April 3, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following the left C-6 distribution. Most of his symptoms are in the left arm and rated at times at a 9/10. Continues to limit her ability to sleep at night the symptoms may be slightly improved but overall are very similar to the intensity she had the last allied. Physical Exam: She had a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the upper extremity. Assessment and Plan: 1. Neck pain. 2. Cervical spondylosis. 3. Spinal stenosis and cervical region. Plan: 1. Repeat MRI and C-spine x-rays. 2. Follow-up in 2-4 weeks.

On April 21, 2017 x-rays of the cervical spine. Impression: 1. Mild disc space narrowing and facet degenerative change of the lower cervical spine. 2. Development of retrolisthesis of 2 mm of retrolisthesis C4 on 5 and 1 mm retrolisthesis of C6 on 7 upon extension.

On April 21, 2017 MRI of the cervical spine without contrast. Impression: Moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

On April 25, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: Returns. Arm worse. Options discussed. Wants surgery. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left forearm and the C6 distribution. Physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the left upper extremity. Impression: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-worsening symptoms and stenosis on MR. 6. Cord compression and failed conservative therapy. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 8, 2017 follow-up neurosurgical visit chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work first six weeks as was discussed. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness

in external rotators on the left, brought biceps and triceps on the left. She has depressed reflexes in the upper extremity. Impression: 1. Cervical spine bond low doses, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. She was offered C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 12, 2017 operative report by Dr. Sekhon. Preoperative Diagnosis: Cervical stenosis. Postoperative Diagnosis: Cervical stenosis. Title of the Procedure: 1. C4/5, C5/6, and C6/7 Anterior cervical decompression using a left-sided approach and the microscope. 2. C4/5, C5/6 and C6/7 interbody fusion using peak interbody cages and bone graft substitute. 3. C4-7 anterior segment fusion using a cervical locking plate. 4. Microscopic microdissection. 5. Fluoroscopic guidance for placement of the screws.

On June 26, 2017 postop neurosurgical visit. Chief Complaint: 1. Two weeks status post C4-C 7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: She has noticed some improvement to the left upper extremity symptoms. The numbness in her arm and hand specifically have improved. She still has some achiness posteriorly of her neck. She has some mild dysphasia that slowly seems to be improving. She has been wearing her soft collar when she is up and about, but she states that she is actually feeling quite well for two weeks after surgery. The strength in her arms is good. Overall, she takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. There is minor superficial edema and swelling that is non-concerning. Upper extremity motor strength is 5/5 throughout bilaterally. Sensation is grossly intact. The equivalent and normal bilaterally. Impression: 1. Two weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan: 1. Follow-up in four weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes in her condition.

On July 24, 2017 x-rays of the cervical spine with flexion and extension. Impression: Anterior interbody fusion C4 through C7 with no instability with flexion/extension views.

On July 26, 2017 follow-up postoperative neurosurgical visit. Chief Complaint: 1. Two week status post C4-C7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: Today, she presents to six weeks postoperative review. She continues to notice improvement to the left upper extremity symptoms. Left arm is overall much improved, but she has noticed some ongoing numbness in the left hand and forearm. Her posterior neck pain has mostly settled and her swallowing is not problematic. She occasionally takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 6 weeks status post C4-C7 ACDF. 2. Improvement in postoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan:

1. Follow-up in 6 weeks with static and dynamic cervical x-rays. Physical therapy. Release to work without restrictions on 7/31/17.

On September 5, 2017 x-rays of the cervical spine with flexion-extension views. Impression: ACDF C 4-C7 without evidence of hardware complication.

On September 6, 2017 follow-up postop neurosurgical visit. Chief Complaint: 1. 12 weeks status post C4-C7 ACDF. History of Present Illness: Today, she presents 12-weeks postoperative. Her symptoms continue to much improved. There is slight numbness in her left hand but it is very manageable. She also has some occasional posterior neck pain. She is not having the shooting pains that she once did. She has done physical therapy which she believes is helping. She also believes that the pressure in her neck has settled as well. She is very pleased with her recovery at this stage. Physical exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 12 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course.

On September 11, 2017. She was placed at maximum medical improvement. She was retumed to full duty. She had a ratable impairment.

PRESENT SYMPTOMS AND COMPLAINTS:

The claimant states that she has a tight/sore neck, tight/sore shoulders, daily headaches, weak neck, and numbness down her left arm to her left thumb. She states that her current neck pain is a 4/10 and at its worse 8/10 and at its best 2/10.

As far as activities of daily living are concerned:

As far as self-care/personal hygiene is concerned: She states no difficulty with brushing teeth, eating, urinating and bowel movements. She states mild difficulty with dressing and combing hair. She states moderate difficulty with bathing.

As far as communication is concerned: She states no difficulty with speaking, hearing and writing.

As far as physical activity is concerned: She states no difficulty walking and climbing stairs. She states mild difficulty with standing, sitting, changing positions.

As far sensory function is concerned: She states no diff code was seeing, smelling, tasting, feeling sharp versus dull and feeling hot versus cold except for her left thumb.

Received: 05/25/2018

As far as hand activities are concerned: She states no difficulty with coordination. She states mild difficulty with grasping and lifting.

As far as advanced activities are concerned: She states no difficulty with preparing meals, managing money/checkbook, taking medications, and using public transportation. She states mild difficulty with working around the house/housework, using the phone or writing letters, shopping/carrying groceries, social activities, sexual activities and vigorous physical activity. She states moderate difficulty with driving a car. She states severe difficulty with restful sleep secondary to pain.

PAST MEDICAL HISTORY:

Past Medical History: She has no history of chronic illnesses. She states that she had no problems with her neck prior to her industrial injury of June 25, 2015.

Past Surgical History: Right ankle surgery 2013.

Medications: Advil.

Allergies to Medications: No known drug allergies.

PHYSICAL EXAMINATION:

On May 8, 2018 the claimant stood 67" tall and weighed 178 pounds. The claimant is right hand dominant.

This person's general appearance is that of a well-hydrated, well-nourished adult female in no acute distress. Her mood and manner were appropriate. She was well oriented and cooperative throughout the examination. She was not wearing an orthotic device.

On visual inspection of the cervical spine there was normal development. There was a 7 cm surgical scar located over the left anterior inferior aspect of the neck. The scar was generally straight in appearance and normal in color. On palpation of the neck there was muscle tightness along the paravertebral musculature. On strength testing, motor strength was 5/5 in all muscle groups of the right and left upper extremities. On sensory testing there was intact sensation to light and sharp touch except for the left thumb which was 4.56 on monofilament testing. Deep tendon reflexes at the biceps and triceps were +2/+4 bilaterally. The right and left upper extremities have normal temperature color and pulses. There was no evidence of atrophy, upper arm and forearm circumferences were equal bilaterally.

Range of motion of the cervical spine:

The claimant was informed not to perform any motions that were painful or that she was uncomfortable performing or that might cause her harm. The claimant was also informed that she can take a rest break during any part of the examination.

Warm-up exercise were performed as described on page 399.

Range of motion of the cervical spine was performed according to Section 15.11 Range of Motion: Cervical Spine. Starting on page 417.

Movement	Description	Range					
Cervical Flexion	Calvarium angle	40	40	40			
	T1 ROM	20	20	20			
	Maximum cervical flexion angle	20	20	20			
	±10% or 5°	*Yes	No				
	Maximum cervical flexion angle	20					
	% Impairment	3					

Movement	Description	Range					
Cervical Extension	Calvarium angle	20	20	20			
	T1 ROM	5	5	5			
	Cervical extension angle	15	15	15			
	±10% or 5°	*Yes	No				
	Maximum cervical extension angle	15					
	% Impairment	5					

Movement	Description	Range					
Cervical Left Lateral Bending	Calvarium angle	30	30	30			
	T1 ROM	10	10	10			
	Cervical left lateral flexion angle	20	20	20			
	±10% or 5°	*Yes	No				
	Maximum cervical left lateral flexion angle	20					
	% Impairment	2					

Movement	Description	Range					
Cervical Right Lateral Bending	Calvarium angle	30	30	30			
	T1 ROM	10	10	10			
	Cervical right lateral flexion angle	20	20	20			
	±10% or 5°	*Yes	No				
	Maximum cervical right lateral flexion angle	20					
	% Impairment	2					

Movement	Description	Range					
Cervical Left Rotation	Cervical left rotation angle	40	40	40			
	±10% or 5°	*Yes	No				
	Maximum cervical left rotation angle	40					
	% Impairment	2					

Movement	Description	Range					
Cervical Right Rotation	Cervical right rotation angle	40	40	40			
	±10% or 5°	*Yes	No				
	Maximum cervical right rotation angle	40					
	% Impairment	2					

SUMMARY AND DISCUSSION:

STABILITY OF MEDICAL CONDITION: The claimant was placed at maximum medical improvement on September 11, 2017 permanent and stationary, stable and ratable by Dr. Sekhon.

APPORTIONMENT: There is no prior history of disease, injury, or impairment to the affected body part necessitating apportionment consideration.

IMPAIRMENT EVALUATION ACCORDING TO THE GUIDES:

Impairment rating was done according to the Fifth Edition, Sixth Printing AMA Guides to the Evaluation of Permanent Impairment. The examination, measurements, and impairment percentages were compiled by me. The history and medical records provided were reviewed by me and any discrepancies were discussed with the claimant.

Body Part: The claimant is rated according to the cervical spine.

On page 380 right hand column. Range of motion method if: b. there is radiculopathy bilaterally or at multiple levels in the same spinal region.

In this case, there was multiple levels in the same spinal region. Therefore, the claimant will be rated by range of motion.

On page 398 Section 13.8 Range-of-Motion Method. Although called the range of motion method, this evaluation method action consists of three elements that need to be assessed: (1) the range of motion of the impaired spinal region; (2) accompanying diagnosis (Table 15-7); and (3)

Received: 05/25/2018

any spinal nerve deficit, which is described in this chapter and in chapter 13. The whole person impairment rating is obtained by combining ratings from all three components, using the combined values chart (p. 604).

On page 404, Table 15-7, Criteria for Rating Whole Person Impairment Percentage Due to Specific Spine Disorders to Be Used As Part of the Range of Motion Method. The claimant fits into the Category IV D. Single-level spinal fusion with or without decompression with residual signs and symptoms. Also Category IV E. multiple levels, operated on, with residual, medically documented pain and rigidity. Add 1% per level. Therefore, an additional 2% will be added for the additional levels. Therefore, the total equals 12% whole person impairment from Table 15-7.

On page 418, Table 15-12, Cervical Region Impairment from Abnormal Flexion or Extension or Ankylosis. Therefore, flexion of 20° equals 3% whole person impairment. Extension of 15° equals 5% whole person impairment. Total impairment due to abnormal flexion and extension equals 8% whole person impairment.

On page 420 Table 15-13, Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Lateral Bending. Right lateral bending of 20° equals 2% whole person impairment. Left lateral bending of 20° equals 2% whole person impairment. Therefore, total impairment due to lateral bending equals 4% whole person impairment.

On page 421 Table 15-14 Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Rotation. Right rotation of 40° equals 2% whole person impairment. Left rotation of 40° equals 2% whole person impairment. Therefore, total impairment due to abnormal rotation equals 4% whole person impairment.

Therefore 16% whole person impairment for abnormal motion.

On page 423 Section 15.12 Nerve Root and/or Spinal Cord. The claimant has decreased sensation along the C6 nerve root on the left. She best fits into grade 3 30% Sensory Deficit. On page 424, Table 15-17 Maximum % Loss of Function Due to Sensory Deficit or Pain is 8% for the C6 nerve root. Therefore, multiplying 30% times 8% equals 2.4% upper extremity impairment rounded to 2% upper extremity impairment. On page 439 Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole person. Therefore, 2% upper extremity impairment equals 1% whole person impairment.

The total whole person impairment for accompanying diagnoses from Table 15-7 equals 12%.

The total whole person impairment for loss of motion equals 16%.

The total whole person impairment for sensory loss equals 1%.

Received: 05/25/2018

Therefore, combining the whole person impairment for accompanying diagnoses from Table 15-7 12% with impairment for loss of motion 16% with impairment for sensory loss of 1% equals 27% whole person impairment from the combined values chart on page 604.

ESTIMATED WHOLE PERSON IMPAIRMENT: Upon review of the available medical records and after examining the claimant, apportionment does not appear to be an issue with regards to this claim. **It is my recommendation that the claim be closed with 27% whole person impairment.**

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,

James C. Jempsa, DO
Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

Nevada Occupational Health Center

Jay E. Betz, MD
Medical Director

Occupational Medicine
Injury Care
Employer Services

June 4, 2018

Lisa Jones
CCMSI
PO Box 20068
Reno, NV 89515

Re: Kimberly Kline
DOI: 6/25/2015
Claim # 15853E839641

PPD/CHART REVIEW

Dear Ms. Jones,

At your request, I reviewed the medical record of Kimberly Kline including 2 PPDs, one performed by Dr. Russell Anderson, DC on 11/10/2017 and the second by Dr. James Jempsa, DO on 5/8/2018.

This review was performed in conjunction with the *AMA Guides to the Evaluation of Permanent Impairment, 5th edition* and NAC 616C.490.

The opinions expressed in this review are stated to a reasonable degree of medical probability based on the medical records provided and may be altered by additional information or examination of the patient.

HISTORY:
Approximately 6 weeks prior to her subsequent occupational injury, Ms. Kimberly Kline was evaluated by Dr. Men-Muir on May 11, 2015 complaining of bilateral low back pain as result of a non-work-related auto accident several months previous. X-ray showed degenerative changes at L4-5. She was diagnosed with discogenic back pain. Voltaren and physical therapy were recommended.

Ms. Kline was then involved in a work related vehicular accident on June 25, 2015 when she was rear-ended at 20 mph. She was initially seen at Saint Mary's Regional Medical Center complaining of pain in the low back with radiation to both thighs. Her history of prior vehicular accident with back pain was noted. It was also noted that a lumbar MRI scan 1 month previous had shown a

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Received: 06/07/2018

Re: **Kimberly Kline**
DOI: **6/25/2015**
Claim # **15853E839641**

back pain was noted. It was also noted that a lumbar MRI scan 1 month previous had shown a herniated disc at L3-4 and L4-5 but that her symptoms nearly resolved in the intervening period. On examination Ms. Kline's neck was normal with painless range of motion and no tenderness. There was mild tenderness over the lumbar spine. No neurologic deficits were found. She was diagnosed with an acute lumbar radiculopathy and sprain of the lumbar spine. She was given medication for pain and spasm as well as prednisone.

In followup at Specialty Health Clinic on June 30, 2015, it was noted that Ms. Kline had been evaluated by Dr. Men-Muir for low back pain related to a previous auto accident about 6 weeks prior to the 2nd motor vehicle accident on June 25, 2015. Ms. Kline was now complaining of neck, upper back and low back pain. After examination she was diagnosed with neck sprain. Chiropractic care was recommended.

Ms. Kline underwent several chiropractic treatments with Maria Brady, DC, RN.

In followup with Dr. Hall on July 14, 2015, the patient reported minimal improvement with chiropractic adjustments and complained of persistent lumbar and neck pain. Conservative measures including physical therapy were continued.

On August 20, 2015 Ms. Kline reported she was improving with therapy. She had full range of motion and was intact neurologically. Completion of physical therapy followed by monitoring was recommended.

In follow-up with Dr. Hall at Specialty Health Clinic on September 23, 2015, Ms. Kline again reported improving but persistent mild neck pain. Additional physical therapy was recommended.

She improved and was discharged from care on October 28, 2015.

A little over 2 months later, on January 13, 2016, MRI scan the patient's cervical spine was obtained to further evaluate significant recurrent neck pain with radiation to the left arm. MRI was remarkable for disc degeneration with large disc protrusions at C5-6 and C6-7 resulting in complete effacement of the cerebral spinal fluid from the ventral and dorsal aspects of the cord with severe canal stenosis.

In follow up with Dr. Hall on March 16, 2016, he noted that Ms. Kline had essentially no symptoms on October 28, 2015 when she was discharged but was complaining of acute onset of neck pain of 7 days duration when she was seen by Dr. Hansen on January 13, 2016 with radiation to the left arm and associated neurologic signs. He noted the MRI results and that the chiropractor had recommended physiatry evaluation for further treatment. Dr. Hall concluded that the patient likely had degenerative disc changes prior to the industrial injury which may have been exacerbated by the industrial injury but that there was no evidence of neurologic symptoms during treatment for

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Re: **Kimberly Kline**
DOI: **6/25/2015**
Claim # **15853E839641**

the industrial injury and again noted that the patient had improved with conservative measures. He concluded there is no objective evidence to connect the significant MRI findings of January 13, 2016 with the industrial injury. He again indicated that Ms. Kline had recovered completely from the industrial injury of June 25, 2015 by the end of October 2015.

Ms. Kline received multiple chiropractic treatments from Dr. Hansen between January 14th and April 28, 2016 without lasting benefit.

Neurosurgical consultation was obtained from Dr. Sekhon on July 5, 2016. He indicated the patient had pre-existing spondylosis C4 through C7 with cord compression C5-6 and C6-7, mobile spondylolisthesis at C4-5 and failed conservative therapy. He felt the accident exacerbated her underlying stenosis. He offered anterior cervical decompression and fusion C4 through C7.

In neurosurgical follow-up on April 3, 2017, repeat MRI and cervical x-rays were recommended.

Repeat x-rays on April 21, 2017 showed mild disc space narrowing and facet degenerative changes of the lower cervical spine with development of retrolisthesis of 2 millimeters C4 on 5 and 1 millimeters C6 on 7. MRI on the same day showed moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

In followup with the neurosurgeon on April 25, 2017, surgery was again recommended. He noted Ms. Kline had some weakness and depressed reflexes in the left arm.

On June 12, 2017 Dr. Sekhon performed an anterior cervical decompression C4 through C7 followed by interbody fusion.

In followup Dr. Sekhon felt the patient was improving and physical therapy was recommended.

X-rays on September 5, 2017 showed no hardware complications.

On September 6, 2017, 12 weeks postop, the patient reported improvement. Exam showed intact motor function throughout the upper extremities and grossly intact sensation. DTRs were equal and normal bilaterally.

On September 11, 2017 Dr. Sekhon felt Ms. Kline was MMI and she was released to full duty.

A rating evaluation was then performed by Dr. Russell Anderson, chiropractor, on June 25, 2015. He noted the patient still had headaches and limited mobility of her neck with numbness in the left wrist and hand affecting the C6 distribution. On exam he found limited range of motion of the cervical spine and concluded she was best assessed on the range of motion method. He allowed

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12% whole person impairment for specific spine disorders which included 10% for spinal fusion at one level and 1% each for additional 2 levels. He found 7% impairment related to losses of range of motion and 1% for sensory changes in the C6 nerve root. The combined total was 19% whole person impairment.

However, Dr. Anderson noted that under the DRE method the patient would be allowed a minimum a 25% whole person impairment and suggested that 25% be the appropriate allowance.

Regarding apportionment, he noted Ms. Kline had significant pre-existing degenerative cervical spine spondylosis and suggested 75% of the whole person impairment be apportioned to non-industrial factors leaving 6% whole person impairment related to the occupational injury.

A 2nd impairment evaluation was performed on May 8, 2018 by Dr. James Jempsa, D.O. He noted Ms. Kline still had a tight sore neck, shoulders and daily headaches with numbness in the left arm to the thumb. On examination he found normal strength in the upper extremities and symmetrical reflexes but decreased sensation over the left thumb. Range of motion measurements found significant losses in flexion and extension and moderate losses in lateral flexion and rotation bilaterally.

Utilizing the range of motion method he allowed 12% whole person impairment for specific spine disorders including 10% for single level fusion and 1% each for 2nd and 3rd levels. Range of motion impairments total 16% and sensory deficits total 1% whole person impairment. The combined total was 27% whole person impairment. Apportionment was not allowed.

DISCUSSION/CONCLUSIONS:
Both Dr. Anderson and Dr. Jempsa initially utilized the range of motion method in this case which is proper considering that a multilevel fusion was performed. They also agreed there is 12% whole person impairment utilizing Table 15 – 7 and both concluded there was 1% whole person impairment for sensory deficit in the left C6 distribution. These conclusions are appropriate and supported by the medical record and known pathologies in this case.

However, there was a large discrepancy between the active range of motion findings of Dr. Anderson versus Dr. Jempsa allowing 7% and 16% respectively.

As noted on page 399 of the Guides, "the physician should seek consistency when testing active motion.... Tests with inconsistent results should be repeated. Results that remain inconsistent should be disregarded." On page 375 the Guides it notes: "The physician should record and discuss any physical findings that are inconsistent with the history. Many physical findings are subjective, ie, potentially under the influence of the individual. It is important to appreciate this and not confuse such observations with truly objective findings."

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Clearly, Dr. Jempsa's findings were inconsistent with those of Dr. Anderson which are now part of the medical record. He provides no discussion or explanation for the substantial variation. It is well recognized that patients learn from prior rating experience. This can have a great effect when findings are "under the influence of the individual" such as active range of motion which requires the full effort and cooperation of the patient to be valid. Consequently, absent an objective basis for the variation, Dr. Anderson's range of motion findings should have priority.

Making an adjustment for the range of motion inconsistency, however, has minimal effect on the final whole person impairment considering that Dr. Anderson recommended the minimum allowance of 25% for fusion under the DRE section. This recommendation is supported on page 380 of the Guides which states: "In the small number of instances in which the range of motion and DRE methods can both be utilized, evaluate the individual with both methods and award the higher rating."

The 2nd issue of concern is apportionment which has a greater impact in this case. Dr. Anderson correctly points out that the patient's cervical pathologies were primarily degenerative in nature and preexisting. This conclusion is further supported by Dr. Hall's opinion on March 16, 2016, in which he noted Ms. Kline's cervical symptoms were initially consistent with a sprain strain and that she recovered completely from the industrial injury with conservative treatments by the end of October 2015. He went on to conclude there is no objective evidence to connect the patient's significant MRI findings of January 13, 2016 with the industrial injury. It is also informative that Ms. Kline had no symptoms or examination findings of neck injury at time of her initial presentation to the ER and was not found to have acute injury related pathologies on MRI.

If the occupational incident had significantly aggravated the patient's preexisting pathologies, the development of radiculopathy symptoms and findings would be expected in the first few days or weeks, not 5 months later. Consequently, it is likely that the patient's radicular symptoms were the result of a natural progression of her significant multilevel degenerative changes rather than the injury.

At any rate, the ultimate need for surgery was primarily the result of pre-existing pathologies. Absent those pre-existing pathologies the patient would not have been a candidate for multilevel cervical diskectomy and fusion. It is the fusion that now forms the basis for the patient's substantial permanent partial impairment. NAC 616C.490, paragraph 6 states that "an apportionment may be allowed if at least 50% of the total present impairment is due to a pre-existing or intervening injury, disease or condition."

Consequently, Dr. Anderson's conclusion that 70% of the patient's impairment allowance should be apportioned to pre-existing pathologies is reasonable and supported by the Guides and NAC 616C.490.

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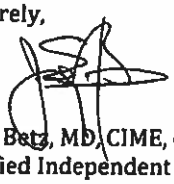
Claim # **15853E839641**

In summary, the impairment conclusions reached by Dr. Anderson are well supported by the medical record, known pathologies, AMA guides and Nevada Administrative Code.

I hope this review has been of assistance. If you have further questions or concerns, please do not hesitate to contact me.

Sincerely,



Jay E. Betz, MD, CIME, CHCQM, FABQAURP
Certified Independent Medical Examiner
Certified Medical Examiner, Federal Motor Carrier Safety Administration
Certified Healthcare Quality Manager
Fellow American Board of Quality Assurance & Utilization Review Physicians

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CCMSI

June 15, 2018

Lisa Wiltshire Alstead, Esq.
100 West Liberty St., 10th Floor
Reno, NV 89501

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
D.O.I.: 6/25/2015
Employer: City of Reno

Dear Ms. Alstead:

Enclosed is a copy of the medical file on Kimberly Kline.

If you have further questions or wish to discuss this case further, please contact me at the number noted below.

Sincerely,

Lisa Jones
Claims Representative
CCMSI – Reno, Nevada

cc: File, City of Reno

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 20th of June 2018, I served the within **INSURER'S FIFTH SUPPLEMENTAL DOCUMENTARY EVIDENCE** upon the following parties at the addresses and service as identified:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing	Appeals Officer Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	Herb Santos, Jr. 225 S. Arlington Ave., Ste. C Reno, NV 89501

Angela Shoults

Employee of McDonald Carano LLP

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim

of

KIMBERLY KLINE,

Claimant.

Claim No: 15853E839641

Hearing No: 1801761-JL

Appeal No: 1802418-RKN

6th RKN 5/11/19

EMPLOYER'S ~~FIFTH~~ SUPPLEMENTAL DOCUMENTARY EVIDENCE

Index	Document Description	Page
5/29/18	Insurer's Correspondence w/ Jay Betz, M.D.	1

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **EMPLOYER'S FIFTH SUPPLEMENTAL DOCUMENTARY EVIDENCE**, filed in Nevada Department of Administration Appeal No. 1802418-RKN does not contain the social security number of any person.

Lisa Wiltshire Alstead
Attorneys for Employer
CITY OF RENO
Administered by: CCMSI

6/11/18
Date

McDONALD CARANO
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501
PHONE 775.788.2000 • FAX 775.788.2020

ADMITTED INTO EVIDENCE AS EXHIBIT J

CCMSI

May 29, 2018

Nevada Occupational Health
Attn: Dr. Jay Betz
3488 Goni Road
Carson City, NV 89706

RE:	Claimant:	Kimberly Kline
Re:	Claim No.:	15853E839641
	D.O.I.:	6/25/2015
	Body Part:	Cervical
	Employer:	City of Reno

Dear Dr. Betz

Enclosed please find a copy of the complete medical file. After review please provide your opinion on apportionment.

Thank you for your time and consideration regarding this matter. Please fax your report to (775) 324-9893.

Respectfully

Lisa Jones
Claims Representative

CC: City of Reno, Herb Santos, Esq. Lisa Wiltshire Alstead, Esq.

Enc. Medical records

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 11th of June 2018, I served the within **EMPLOYER'S FIFTH SUPPLEMENTAL DOCUMENTARY EVIDENCE** upon the following parties at the addresses and service as identified:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing	Appeals Officer Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ U.S. Mail ☒ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	Herb Santos, Jr. 225 S. Arlington Ave., Ste. C Reno, NV 89501

Kelsey R Hellar
Employee of McDonald Carano LLP

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
MAY - 1 2019
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853e839641
	Hearing No: 1901522-JL 1803718-JL 1803717-JL 1801761-JL
KIMBERLY KLINE, Claimant.	Appeal No: 1902049-RKN 1900471-RKN 1802418-RKN

ORDER

For good cause, these matters are hereby consolidated.

IT IS SO ORDERED.

Rajinder K. Rai-Nielsen

RAJINDER K. RAI-NIELSEN
APPEALS OFFICER

AA 1590

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
CARSON CITY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

Dated this 1st day of May, 2019.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
APPEALS DIVISION

STATE OF NEVADA
DEPT OF ADMINISTRATION
APPEALS DIVISION
APPEALS OFFICE

2019 APR 25 PM 2:32

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AND
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In the Matter of the Contested Industrial Insurance Claim of:	Claim No.:	15853E839641
	Hearing Nos.:	1803718-JL 1803717-JL 1901522-JL
KIMBERLY KLINE,	Appeal Nos.:	1900471-RKN 1902049-RKN

Claimant.
_____/

MOTION TO CONSOLIDATE APPEALS

Self-insured employer CITY OF RENO ("Employer"), moves the Appeals Officer for an Order consolidating the above appeals with appeal no. 1802418-RKN, which was appealed February 14, 2018, however, through a series of continuances, this appeal is presently not set for hearing. The grounds for this motion are that the issue in this appeal involves the same industrial claim, substantially similar issues, and these appeals can most efficiently be resolved in one appeal hearing.

All parties have held a telephone conference with the Appeals Office and there are no objections to consolidating Appeal Nos. 1900471-RKN, 1902049-RKN, and 1802418-RKN and having them all heard on May 1, 2019.

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **MOTION TO CONSOLIDATE APPEALS** filed with the Nevada Department of Administration does not contain the social security number of any person.

DATED: This 25th of April, 2019.

McDONALD CARANO LLP

By: _____
Lisa Wiltshire Alstead
P.O. Box 2670
Reno, Nevada 89505-2670
Attorneys for Employer

McDONALD CARANO
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501
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AFFIDAVIT OF LISA WILTSHIRE ALSTEAD

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, LISA WILTSHIRE ALSTEAD, do hereby swear or affirm under penalty of perjury that the information contained in this Affidavit is true and correct to the best of my knowledge and belief:

1. I am the attorney for the self-insured employer, City of Reno, with respect to this appeal;

2. The issues on appeal in the present matter concerns determinations offering a 6% permanent partial disability award ("PPD") and holding the 27% PPD in abeyance;

3. The issue on appeal under Appeal No. 1802418-RKN concerns the determination offering Claimant a 6% PPD award and order to schedule a second PPD evaluation;

4. All appeals concern the same industrial claim;

5. Consolidation of these appeals would provide for a more efficient resolution of the disputed issues;

6. A telephone conversation was held between myself, Claimant's counsel, and the Appeals Office, and all parties agreed that for the benefit of judicial economy these appeals should be consolidated; and,

7. Based on the foregoing, affiant respectfully requests the Appeals Officer issue an Order consolidating Appeal No. 1802418-RKN with the present appeals currently scheduled for hearing on **May 1, 2019 at 9:00 a.m.**

DATED this 25th day of April, 2019.

Lisa Wiltshire Alstead

SUBSCRIBED and SWORN to before me
this 25th day of April, 2019.

Notary Public

ANGELA M. ARGUELLO
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 97-2924-2 - Expires August 11, 2021

McDONALD CARANO
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501
PHONE 775.788.2000 • FAX 775.788.2020

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 25th day of April, 2019, I served the within ***MOTION TO CONSOLIDATE APPEALS*** on the following parties as follows:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	Herb Santos, Jr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520

Angela Thornley
Employee of McDonald Carano LLP

4824-4483-0356, v. 1

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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
APPEALS DIVISION

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.
_____/

Claim No.: 15853E839641

Hearing Nos.: 1803718-JL
1803717-JL
1901522-JL

Appeal Nos. 1900471-RKN
1902049-RKN

EMPLOYER'S SECOND AMENDED PREHEARING STATEMENT

Self-insured employer City of Reno ("Employer") submits the following First Amended Prehearing Statement, amending only the following sections of its prior Prehearing Statements and with amendments indicated in **bold**:

II.

STATEMENT OF ISSUES

1) The July 19, 2018 Hearing Officer Decision and Order remanding the third-party administrator's June 13, 2018 and May 24, 2018 determinations offering a 6% permanent partial disability award ("PPD") and holding the 27% PPD in abeyance.

2) **The December 27, 2018 Hearing Officer Decision and Order affirming and remanding the third-party administrator's September 20, 2018 27% PPD award, with 6% to be paid in lump sum and 21% in installments.**

III.

WITNESSES

The Employer may call one or more of the following witnesses:

1. Lisa Jones - Ms. Jones and/or another representative of the third-party administrator may testify by telephone concerning the administration of this claim;

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2. Andrena Arreygue – Ms. Arreygue and/or another representative of the Employer may testify by telephone concerning the Claimant's employment;

3. Russell Anderson, M.D. – Dr. Anderson may testify concerning the Claimant's PPD evaluation;

4. Jay Betz, M.D. – Dr. Betz may testify by telephone concerning the Claimant's PPD evaluation and his subsequent review;

5. Lali Sekhon, M.D. – Dr. Sekhon may testify to the Claimant's medical condition and treatment; and,

6. Rebuttal or impeachment witnesses as may be necessary.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **EMPLOYER'S SECOND AMENDED PREHEARING STATEMENT** filed with the Nevada Department of Administration does not contain the social security number of any person.

Dated: April 15th, 2019.

McDONALD CARANO LLP

By: _____

Lisa Wiltshire Alstead
P.O. Box 2670
Reno, Nevada 89505-2670
Attorneys for Employer

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PHONE 775.788.2000 • FAX 775.788.2020

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 15th day of April, 2019, I served the within **EMPLOYER'S SECOND AMENDED PREHEARING STATEMENT** on the following parties as follows:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	Herb Santos, Jr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520

Angela Shoults
Employee of McDonald Carano LLP

4843-9526-9524, v. 1

McDONALD CARANO
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501
PHONE 775.788.2000 • FAX 775.788.2020

ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2019 JAN 31 PM 3:16
RECEIVED
AND
FILED

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Industrial Claim of:

KIMBERLY KLINE,

Claimant.

_____/

Claim No.: 15853E839641
Hearing No.: 1803718/1803717-JL
1901522-JL
Appeal No.: 1900471-RKN
1902049-RKN

CLAIMANT'S HEARING STATEMENT

I.

DOCUMENTARY EVIDENCE

1. The Claimant may rely on portions of any of the evidence packets submitted by the Employer or Insurer.

2. The Claimant reserves the right to submit any additional documents not submitted by the Employer or Insurer.

II.

STATEMENT OF THE ISSUES

Whether the Hearing Officer's decision dated July 19, 2018 is correct?

III.

WITNESSES

1. The Claimant, KIMBERLY KLINE, may testify regarding her employment, prior health, the subject industrial injury and the symptoms she has experienced and continues to experience.

2. Any of the Claimant's treating physicians may testify regarding the Claimant's medical condition, causation, diagnosis, prognosis, and any other area within the doctors expertise.

3. Any of the adjusters who worked on the Claimant's claim may be called to testify regarding their administration of the above referenced claim.

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

4. Any of the Employer's employees and or the Employer may be called to testify regarding the Claimant's industrial injury, work history, both pre and post industrial accident, policies, procedures, and job descriptions of the Employer.

5. Any witness named or called by any other party.

6. Impeaching or rebuttal witnesses as deemed necessary.

IV.

ESTIMATED TIME FOR HEARING

The Claimant believes that the hearing will take approximately three (3) hours.

V.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in the above referenced appeal number(s), does not contain the social security number of any person.

DATED this 30 day of January, 2019.

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C
Reno, NV 89501

By: _____
HERB SANTOS, JR., Esq.
Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am over the age of eighteen (18) and that on this date I deposited for mailing via United States Mail, first class postage fully prepaid, at Reno, Nevada, a true copy of the attached document addressed to:

CITY OF RENO
ATTN: ANDRENA ARRYGUE
P. O. BOX 1900
RENO, NV 89505

CCMSI
P.O. BOX 20068
RENO, NV 89515

LISA WILTSHIRE ALSTEAD, ESQ.
MCDONALD CARANO WILSON
PO BOX 2670
RENO, NV 89505

DATED this 31 day of January, 2019.

Jimayne Lee

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
JAN 23 2019
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853E839641
	Hearing No: 1901522-JL 1803718-JL 1803717-JL
KIMBERLY KLINE,	Appeal No: 1902049-RKN 1900471-RKN
Claimant.	

ORDER

For good cause, this matter is reset for hearing on:

DATE: Wednesday, May 1, 2019

TIME: 9:00 AM

IT IS SO ORDERED.

Rajinder K. Rai-Nielsen

RAJINDER K. RAI-NIELSEN
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
CARSON CITY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

Dated this 23rd day of January, 2019.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
JAN 16 2019
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853E839641
	Hearing No: 1901522-JL 1803718-JL 1803717-JL
	Appeal No: 1902049-RKN 1900471-RKN
KIMBERLY KLINE, Claimant.	

ORDER

For good cause, these matters are hereby consolidated.

IT IS SO ORDERED.

Rajinder K. Rai-Nielsen
RAJINDER K. RAI-NIELSEN
APPEALS OFFICER

AA 1603

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
CARSON CITY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

Dated this 16th day of January, 2019.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

BEFORE THE APPEALS OFFICER

FILED
JAN 16 2019
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No:	15853e839641
	Hearing No:	1901522-JL
KIMBERLY KLINE,	Appeal No:	1902049-RKN
Claimant.		

NOTICE OF APPEAL AND ORDER TO APPEAR

1. **ALL PARTIES IN INTEREST ARE HEREBY NOTIFIED** that a hearing will be held by the Appeals Officer, pursuant to NRS 616 and 617 on:

   DATE: Friday, January 18, 2019
   TIME: **10:00 AM (Telephone Conference)**
   PLACE: DEPT OF ADMINISTRATION, APPEALS OFFICE
   1050 E. WILLIAMS STREET, SUITE 450
   CARSON CITY, NV 89701

2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the Claimant's file relating to the matter on appeal.

3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.

4. **Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all social security numbers redacted or otherwise removed and an affirmation to this effect must be attached. The documents otherwise may be rejected by the Hearings Division.**

5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.

6. Any party wishing to reschedule this hearing should consult with opposing counsel or parties, and immediately make such a request to the Appeals Office in writing supported by an affidavit.

7. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

IT IS SO ORDERED.

Rajinder K. Rai-Nielsen

RAJINDER K. RAI-NIELSEN
APPEALS OFFICER

1900471-RKN

ORIGINAL

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
2019 JAN 10 PM 2:03
RECEIVED
AND
FILED

REQUEST FOR HEARING BEFORE THE APPEALS OFFICER
NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the Matter of the Contested Industrial Insurance Claim of

Hearing Number: 1901522-JL
Claim Number: 1585E839641

KIMBERLY KLINE
305 PUMA DRIVE
CARSON CITY, NV 89704

Employer: CITY OF RENO POLICE DEPARTMENT
PO BOX 1900
RENO, NEVADA 89502

_____/

I WISH TO APPEAL THE HEARING OFFICER'S DECISION DATED: December 27, 2018.
(Please attach a copy of the Hearing Officers Decision)

PERSON REQUESTING APPEAL: CLAIMANT / EMPLOYER / INSURER

Reason for Appeal: We disagree with the determination of the hearing officer regarding the PPD award.

If you are represented by an attorney or other agent, please print the name and address below.

Herb Santos, Jr.
Name of Attorney or Representative

Kimberly Kline through her attorney, Herb Santos, Jr.
Person requesting this Hearing

Address: 225 South Arlington Avenue, Suite C Reno Nevada 89501
City State Zip Code

_____
Signature (of person requesting Hearing)

(775) 323-5200
Telephone

01-09-2019
Date

WILL AN INTERPRETER BE REQUIRED? YES [ ] NO [X]

If so what language:_____

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
1050 E WILLIAM, SUITE 450
CARSON CITY, NV 89701
(775) 687-5289

1902049-RKN
Conde
Jai 1-18-19
C10.00

AFFIRMATION: Pursuant to NRS 239B.030
The undersigned does hereby certify that the preceding document, Request For Appeal:

☑ **Document does not contain the social security number of any person.**

Date: 1/9/2019

HERB SANTOS, JR., ESQ.
225 South Arlington Avenue, Suite C
Reno, NV 89501
Attorney of Claimant

AA 1606

1409

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
CARSON CITY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

Dated this 16th day of January, 2019.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:	Hearing Number: 1901522-JL Claim Number: 15853e839641
KIMBERLY KLINE 305 PUMA DR CARSON CITY, NV 89704-9739	CITY OF RENO POLICE DEPARTMENT PO BOX 1900 RENO, NV 89502

_____/

BEFORE THE HEARING OFFICER

The Claimant's request for Hearing was filed on November 27, 2018, and a Hearing was scheduled for December 19, 2018. The Hearing was held on December 19, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and her attorney, Herbert Santos, Jr., were present by telephone conference call. The Employer and Insurer were represented by Lisa Wiltshire Alstead, Esquire, by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determination dated September 20, 2018. The issue before the Hearing Officer is 27% permanent partial disability (PPD) award with 6% to be paid in lump sum and 21% in installments.

DECISION AND ORDER

The determination of the Insurer is hereby **AFFIRMED and REMANDED**.

On September 20, 2018, the Insurer noticed the Claimant that in compliance with a denied Motion for Temporary Stay Pending Appeal, it was granting a PPD award of 27%. The Insurer offered the undisputed 6% in either installment or lump sum and the undisputed 21% in monthly instalments, the instant appeal. **NRS 616C.380(1)(a)** provides that if a hearing officer, appeals officer or district court renders a decision on a claim for compensation and the insurer or employer appeals that decision, but is unable to obtain a stay of the decision, payment of that portion of an award for a permanent partial disability which is contested **must** be made in installment payments until the claim reaches final resolution. Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds the Insurer's determination is proper pursuant to NRS 616C.380; however, on the Election of Method of Payment of Compensation (D-10a form), only the 6% is offered, not the disputed 21%. As such, the Hearing Officer instructs the Insurer to recalculate the PPD award and reissue a new Election of Method of Payment of Compensation in compliance with NRS 616C.380.

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 27th day of December, 2018.

Jason Luis, Hearing Officer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
CARSON CITY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO POLICE DEPARTMENT
PO BOX 1900
RENO, NV 89502

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
100 W LIBERTY ST 10TH FLOOR
RENO NV 89505

Dated this 27th day of December, 2018.

Susan Smock

Susan Smock
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
APPEALS DIVISION

In the Matter of the Contested Industrial Insurance Claim of:

KIMBERLY KLINE,

Claimant.
_____/

Claim No.: 15853E839641

Hearing Nos.: 1803718-JL
1803717-JL

Appeal No.:: 1900471-RKN

EMPLOYER'S FIRST AMENDED PREHEARING STATEMENT

Self-insured employer City of Reno ("Employer") submits the following First Amended Prehearing Statement, amending only the following sections of its original Prehearing Statement filed on October 23, 2018 and with amendments indicated in **bold**:

III.

WITNESSES

The Employer may call one or more of the following witnesses:

1. Lisa Jones - Ms. Jones and/or another representative of the third-party administrator may testify by telephone concerning the administration of this claim;

2. Andrena Arreygue – Ms. Arreygue and/or another representative of the Employer may testify by telephone concerning the Claimant's employment;

3. Russell Anderson, M.D. – Dr. Anderson may testify concerning the Claimant's PPD evaluation;

4. Jay Betz, M.D. – Dr. Betz may testify **by telephone** concerning the Claimant's PPD evaluation and his subsequent review; and,

5. Rebuttal or impeachment witnesses as may be necessary.

///

///

///

McDONALD CARANO
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501
PHONE 775.788.2000 • FAX 775.788.2020

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **EMPLOYER'S FIRST AMENDED PREHEARING STATEMENT** filed with the Nevada Department of Administration does not contain the social security number of any person.

Dated: January 9th, 2019.

McDONALD CARANO LLP

By: _____
Lisa Wiltshire Alstead
P.O. Box 2670
Reno, Nevada 89505-2670
Attorneys for Employer

McDONALD CARANO
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501
PHONE 775.788.2000 • FAX 775.788.2020

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 9th day of January, 2019, I served the within **EMPLOYER'S FIRST AMENDED PREHEARING STATEMENT** on the following parties as follows:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	Herb Santos, Jr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520

Angela Shoults

Employee of McDonald Carano LLP

4843-3641-9461, v. 1

McDONALD CARANO
100 WEST LIBERTY STREET, TENTH FLOOR • RENO, NEVADA 89501
PHONE 775.788.2000 • FAX 775.788.2020

FILED
OCT 23 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

* * * * *

In the Matter of the Contested Industrial Insurance Claim of:

Claim No.: 15853E839641

Hearing Nos.: 1803718-JL
1803717-JL

KIMBERLY KLINE,

Appeal No.: 1900471-RKN

Claimant.
_____/

EMPLOYER'S PREHEARING STATEMENT

Self-insured employer City of Reno ("Employer") submit the following prehearing statement:

I.

DOCUMENTARY EVIDENCE

The Employer may rely on the documentary evidence submitted by the Employer and any evidence submitted by any of the parties.

II.

STATEMENT OF ISSUES

The July 19, 2018 Hearing Officer Decision and Order remanding the third-party administrator's June 13, 2018 and May 24, 2018 determinations offering a 6% permanent partial disability award ("PPD") and holding the 27% PPD in abeyance.

III.

WITNESSES

The Employer may call one or more of the following witnesses:

1. Lisa Jones - Ms. Jones and/or another representative of the third-party administrator may testify by telephone concerning the administration of this claim;

2. Andrena Arreygue – Ms. Arreygue and/or another representative of the Employer may testify by telephone concerning the Claimant's employment;

3. Russell Anderson, M.D. – Dr. Anderson may testify concerning the Claimant's PPD evaluation;

4. Jay Betz, M.D. – Dr. Betz may testify concerning the Claimant's PPD evaluation and his subsequent review; and,

5. Rebuttal or impeachment witnesses as may be necessary.

IV.

ESTIMATED HEARING TIME

Approximately one (1) hours.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **EMPLOYER'S PREHEARING STATEMENT** filed with the Nevada Department of Administration does not contain the social security number of any person.

Dated: October 23rd, 2018.

McDONALD CARANO LLP

By: _____
LISA WILTSHIRE ALSTEAD
P.O. Box 2670
Reno, Nevada 89505-2670
Attorneys for Employer

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I hereby certify that I am an employee of McDONALD CARANO LLP, and that on the 23rd day of October, 2018, I served true and correct copies of the **EMPLOYER'S PREHEARING STATEMENT** in the manner provided below, to the following parties at the addresses referenced below:

☐ U.S. Mail ☐ Email ☐ FedEx ☒ Hand Delivered/Filing ☐ Facsimile	Appeals Division Department of Administration 1050 East William St., Suite 450 Carson City, NV 89701
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	Herb Santos, Jr., Esq. 225 South Arlington Ave. Ste. C Reno, NV 89501
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	CCMSI P.O. Box 20068 Reno, NV 89515
☒ U.S. Mail ☐ Email ☐ FedEx ☐ Hand Delivered ☐ Facsimile	City of Reno Attn: Andrena Arreygue P.O. Box 1900 Reno, NV 89520

Angela Shoults

An Employee of McDonald Carano LLP

4820-1939-1609, v. 1

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
OCT 24 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853E839641
	Hearing No: 1803718-JL 1803717-JL
KIMBERLY KLINE,	Appeal No: 1900471-RKN
Claimant.	

ORDER

For good cause, the Claimant's request for continuance is granted. This matter is reset for hearing on:

DATE: Friday, January 18, 2019

TIME: 10:00 AM

IT IS SO ORDERED.

Rajinder K Nielsen

RAJINDER K RAI-NIELSEN
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

Dated this 24th day of October, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED

SEP 17 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICE

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853E839641
	Hearing No: 1801761-JL
KIMBERLY KLINE,	Appeal No: 1802418-RKN
Claimant.	

ORDER

A telephone conference call between the Appeals Officer and the parties' attorneys shall be held on:

DATE: Thursday, September 20, 2018

TIME: ***1:15 PM***

to discuss the status of the case. The attorneys shall initiate the telephone conference.

IT IS SO ORDERED.

Rajinder K. Nielsen

Rajinder K Nielsen
APPEALS OFFICER

AA 1619

1413

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA WILSHIRE ALSTEAD
PO BOX 2670
RENO NV 89505

Dated this 17th day of September, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED
SEP 11 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim of:	Claim No: 15853E839641
	Hearing No: 1803718-JL 1803717-JL
KIMBERLY KLINE,	Appeal No: 1900471-RKN
Claimant.	

ORDER

The Employer filed its Motion for Temporary Stay Order Pending Appeal on August 14, 2018. After careful consideration, noting the Claimant's opposition, the Motion for Temporary Stay Pending Appeal is DENIED.

IT IS SO ORDERED.

Rajinder K Nielsen
APPEALS OFFICER

AA 1621

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. William #450, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

CCMSI
PO BOX 20068
RENO, NV 89515-0068

LISA M WILTSHIRE ALSTEAD ESQ
MCDONALD CARANO WILSON
100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

Dated this 11th day of September, 2018.

Brandy Fuller

Brandy Fuller, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

ORIGINAL

In the Matter of the Industrial Claim of:

Claim No.: 15853E839641
Hearing No.: 1803717-JL
1803718-JL

Appeal No.: 1900471-RKN

FILED
AUG 31 2018
DEPT. OF ADMINISTRATION
APPEALS OFFICER

KIMBERLY KLINE,

Claimant.

_____/

CLAIMANT'S OPPOSITION TO MOTION FOR TEMPORARY STAY ORDER PENDING APPEAL

COMES NOW the Claimant, KIMBERLY KLINE, by and through her attorney, HERB SANTOS, JR., Esq., of THE LAW FIRM OF HERB SANTOS, JR., and hereby respectfully submits her ***CLAIMANT'S OPPOSITION TO MOTION FOR TEMPORARY STAY ORDER PENDING APPEAL.***

This Opposition is made and based upon the attached memorandum of points and authorities, Exhibit 1, pages 1 through 159, Exhibit 2, Exhibit 3, Exhibit 4, Exhibit 5, and all papers and pleadings on file herein.

Respectfully submitted this 30 day of August, 2018.

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MEMORANDUM OF POINTS AND AUTHORITIES

The Employer's counsel filed its Motion for Stay on or about August 14, 2018. The Insurer appealed the Hearing Officer decision dated July 19, 2018. ***Exhibit 1, pages 1-3.*** Said decision **REVERSED** the Insurer's determinations dated May 24, 2018 and June 13, 2018. The May 24, 2018 determination advised the Claimant that the Insurer was holding the PPD rating of Dr. Jempsa in abeyance pending a review by its doctor, Dr. Jay Betz. ***Exhibit 1, pages 4-17.*** The June 13, 2018 determination letter advised the Claimant that the insurer was offering the prior PPD award by Dr. Anderson. ***Exhibit 1, pages 18-24.***

A. STATEMENT OF FACTS.

The Claimant is employed by The City of Reno as a parking enforcement officer. On June 3, 2015 and again on June 25, 2015 the Claimant was rear ended in her work vehicle by another vehicle. The June 25, 2015 accident and claim are the subject of this appeal hearing. The driver of the vehicle who hit the vehicle the Claimant was driving on June 25, 2015, was cited for duty to decrease speed or use due care. ***Exhibit 1, pages 25-30.*** The Claimant felt pain in her low back and presented to St. Mary's Regional Medical Center. Dr. Noh's impression was that the Claimant suffered acute lumbar radiculopathy, sprain of the lumbar spine, and acute pain the lower back. Dr. Noh advised the Claimant to apply ice, restricted her from lifting greater than ten (10) pounds, restricted her from bending or stooping, and prescribed Flexeril, Norco, and Prednisone. ***Exhibit 1, pages 31-35.*** Dr. Law completed the C-4 form and diagnosed the Claimant with acute lumbar strain status post motor vehicle accident and completed a progress report releasing her to restricted/modified duty from June 25, 2015 until cleared by a workers' compensation doctor. ***Exhibit 1, page 36.***

On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, **radiating into the right shoulder** with associated stiffness and lumbar and thoracic pain described as diffuse, with no red flags, no numbness or weakness in the legs [emphasis added]. Dr. Hall assessed the Claimant suffered a sprain of the neck and sprain of the lumbar region, recommended chiropractic care, returned the Claimant to work full duty, and advised her to return in two weeks. ***Exhibit 1,***

pages 37-40.

The Claimant presented to Dr. Brady for chiropractic care on July 1, 2015. Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7, T1, T3, T4, L4, L5 and S1 that necessitated chiropractic adjusting at those levels. ***Exhibit 1, pages 41-44.*** The Claimant saw Dr. Brady again on July 7, 2015 and July 9, 2015 with complaints of worsening symptoms. Dr. Brady provided chiropractic adjustments. ***Exhibit 1, pages 45-52.***

The Claimant returned to see Dr. Hall on July 14, 2015. The Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hall recommended the Claimant have six physical therapy sessions. ***Exhibit 1, pages 53-55.***

On July 23, 2015, the Insurer accepted the Claimant's claim for a cervical strain. ***Exhibit 1, page 56.***

The Claimant began physical therapy on August 5, 2015 with P.T. Bruesewitz. P.T. Bruesewitz's assessment was lumbosacral strain/sprain with pain and decreased range of motion as well as cervical sprain/strain with pain. ***Exhibit 1, pages 57-59.*** The Claimant continued physical therapy treatment on August 11th, 18th, and 20th, 2015. ***Exhibit 1, pages 60-62.***

The Claimant returned to see Dr. Hall on August 20, 2015. Dr. Hall noted that the Claimant reported improvement in her neck symptoms with only mild muscular tightness, and that physical therapy had been helpful. Dr. Hall recommended that the Claimant finish her physical therapy and to keep him advised as to her physical status. ***Exhibit 1, pages 63-64.***

The Claimant returned to physical therapy on August 25, 2015 with complaints of pain in her neck and low back that was less consistent and not as intense, neck tightness that came and went, as well as low back pain/pressure. ***Exhibit 1, pages 65-66.***

The Insurer issued a notice of intention to close the Claimant's claim on August 27, 2015. ***Exhibit 1, page 67.***

The Claimant had additional physical therapy sessions with P.T. Bruesewitz on September 1st, 3rd, 10th, 14th, 21st, and 23rd, 2015 for her low back and neck complaints. ***Exhibit 1, pages 68-73.***

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The Claimant presented to Dr. Hall on September 23, 2015. The Claimant reported improvement in her neck discomfort. Dr. Hall recommended a recheck in two weeks. ***Exhibit 1, pages 74-76.*** On September 29, 2015, the Claimant was re-evaluated by P.T. Bruesewitz. The Claimant reported that she had a flare-up and began to have increased pain, tightness and spasms in the right neck and upper trapezious area. The Claimant had significant tightness with decreased right rotation of the neck. P.T. Bruesewitz recommended additional physical therapy twice per week for five weeks. ***Exhibit 1, pages 77-80.***

The Insurer issued a letter rescinding claim closure on October 1, 2015. ***Exhibit 1, page 81.***

P.T. Bruesewitz noted that the Claimant felt her neck was a little better but still tight on the right side at her therapy visit on October 5, 2015. The Claimant completed physical therapy on October 7th, 12th, 14th, 21st, and 26th, 2015. The Claimant was discharged from physical therapy on October 26, 2015 to a home exercise program. ***Exhibit 1, pages 82-87.***

On October 28, 2015, the Claimant was again seen by Dr. Hall. He noted that the Claimant had no neck symptoms and that she had completed treatment. ***Exhibit 1, pages 88-90.***

The Insurer issued a notice of intention to close the Claimant's claim on November 6, 2015. ***Exhibit 1, page 91.*** The Claimant appealed this determination and Hearing Number 55487-JL was scheduled for February 17, 2016.

On January 13, 2016, the Claimant saw Dr. Hansen for chiropractic care for her neck pain. Dr. Hansen's assessment was that the Claimant had cervical disc displacement, unspecified cervical region. Dr. Hansen noted that the Claimant was involved in two motor vehicle accidents which resulted in workers' compensation treatment for neck and shoulder pain. Dr. Hansen felt that there was a high probability within a medical degree of certainty that the Claimant's injuries were related to the rear-end collision she had recently sustained. Dr. Hansen recommended non-surgical spinal decompression coupled with Class IV deep tissue laser therapy four (4) times per week for four (4) weeks, undergo re-examination, and continue with care at two (2) times a week for two (2) weeks pending no unforseen issues or conditions. Dr. Hansen also recommended the Claimant undergo a MRI. ***Exhibit 1, pages 92-94.*** The Claimant had the MRI on January 13, 2016, which revealed disc degeneration with large disc protrusions at the C5-6 and C6-7 levels.

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resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia. ***Exhibit 1, page 95.***

The Claimant returned to see Dr. Hansen on January 14, 2016. Dr. Hansen referred the Claimant to Dr. Muir for evaluation and treatment as she was in a significant amount of pain with numbness in her left upper extremity. Dr. Hansen reviewed the MRI which revealed two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. ***Exhibit 1, pages 96-97.***

The Claimant returned to see Dr. Hansen for twenty (20) visits from January 15, 2016 through March 16, 2016. The Claimant continued to suffer from her C5-6 and C6-7 disc injury that caused severe left arm and forearm pain with numbness in the forearm and first two digits. Dr. Hansen noted that the Claimant improved greatly from the spinal decompression and only had mild pain in the left arm with the ability to perform all of her routine daily activities. Dr. Hansen instructed the Claimant to do home exercises and instructed her to return to see him for any flare ups that last longer than three days. ***Exhibit 1, pages 98-132*** .

On February 25, 2016, the Hearing Officer, in Hearing Number 55487-JL, remanded the Insurer to forward the Claimant's MRI results to Dr. Hall and question him accordingly. Upon receipt of Dr. Hall's medical reporting, the Insurer was ordered to issue a new determination regarding the further disposition of the Claimant's claim. ***Exhibit 1, pages 133-135.***

The Insurer questioned Dr. Hall and on March 16, 2016 Dr. Hall responded. Dr. Hall opined that it was likely that Claimant had disc degeneration prior to the industrial injury which may have been exacerbated by the industrial injury, but he noted no evidence of neurologic symptoms during his treatment of her industrial injuries. Dr. Hall found no objective evidence connecting the MRI findings from January 13, 2016 and the industrial injury. Dr. Hall opined that the Claimant recovered completely from the industrial injury on June 25, 2015 by the end of October 2015. ***Exhibit 1, pages 136-137*** .

On March 24, 2016, the Insurer issued a determination letter advising that all benefits had been paid, the Claimant's claim remained closed, and that Dr. Hall indicated the Claimant did not suffer a ratable impairment, so no disability evaluation would be scheduled. ***Exhibit 1, page 138.***

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The Claimant timely appealed this determination. On May 6, 2016, in Hearing Number 56373-JL, the Hearing Officer affirmed the determination of the Insurer. ***Exhibit 1, pages 139-140.***

Due to the Claimant's ongoing complaints, she saw Dr. Sekhon on July 5, 2016 pursuant to a referral of Dr. Hansen. Dr. Sekhon's impression was: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. Dr. Sekhon noted that the Claimant stated that she never had these arm symptoms before these accidents and although she may have had preexisting spondylosis, the accident probably exacerbated her underlying stenosis. Dr. Sekhon offered to perform a C4-5, C5-6 and C6-7 anterior cervical decompression and instrumentation fusion. ***Exhibit 1, pages 141-146.*** At the request of Dr. Sekhon, the Claimant had x-rays taken on July 5, 2016, which revealed mild grad 1 anterolisthesis of C4 on C5 demonstrating mild anterior subluxation on flexion view and moderate degenerative disc disease at C5-6 and C6-7. ***Exhibit 1, page 147.***

The Claimant was released MMI, stable and rateable on September 11, 2017. ***Exhibit 1, pages 148-149.***

The Claimant was seen by a rating doctor on November 10, 2017 and was found to have suffered a 6% whole person impairment. ***Exhibit 1, pages 150-156.*** Dr. Anderson apportioned 75% of the PPD as being pre-existing. ***Exhibit 1, pages 155-156.*** The Insurer offered the 6% which the Claimant timely appealed. A hearing was held on January 10, 2018 and the Hearing Officer found a medical question regarding Dr. Anderson's 75% apportionment and ordered a second PPD evaluation pursuant to her discretion under NRS 616C. ***Exhibit 1, pages 157-159.***

The Claimant was seen by Dr. James Jempsa for the second PPD examination. Dr Jempsa found that the Claimant suffered a 27% whole person impairment. ***Exhibit 1, pages 5-16.*** The Insurer queried Dr. Jempsa about apportionment. Dr. Jempsa issued an addendum in which he stood by his original rating. ***Exhibit 1, page 17.*** It is clear and undisputed that the Claimant provided Dr. Jempsa information regarding her prior spine condition. ***Exhibit 1, pages 200-208***

Knowing that this Court already found a medical question regarding the Dr. Anderson PPD and Dr. Betz review, the Insurer rejected Dr. Jempsa's PPD findings and re-offered the original 6%

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PPD. ***Exhibit 1, page 18.***

B. LEGAL ANALYSIS.

1. THE EMPLOYER CANNOT ESTABLISH THAT IT WOULD LIKELY PREVAIL ON THE MERITS AS THE PREPONDERANCE OF THE EVIDENCE SUPPORTS THE CONCLUSION THAT THE CLAIMANT'S PPD SHOULD NOT BE APPORTIONED.

NRS 616B.612(1) requires an employer to provide compensation in accordance with the terms of the Nevada Industrial Insurance Act for any employee injuries "arising out of and in the course of the employment." One of the benefits available to an injured employee is that of the permanent partial disability. Nevada has adopted the ***AMA Guides to the Evaluation of Permanent Impairment, 5th Edition*** [hereinafter referred to as the "***AMA Guides***"] ***NRS 616C.110*** The ***AMA Guides*** was originally published in 1971 to establish "a standardized, objective approach to evaluating medical impairments" for purposes of workers' compensation benefits. ***AMA Guides***, supra, § 1.1, at 1. The ***AMA Guides*** set forth impairment criteria that certified rating physicians and chiropractors are able to use to evaluate injured workers and give them an "impairment percentage or rating." ***Id.*** § 1.2, at 4.

Impairment ratings reflect functional limitation, rather than disability, and demonstrate the severity of the medical condition and the "degree to which the impairment decreases an individual's ability to perform common activities of daily living." ***NAIW v. Nevada Self-Insured Association***, 126 Nev. Advanced Opinions 7, page 2 (2010).

The Employer recycles essentially the same flawed opinion from Dr. Betz which completely ignored the prior AO decision which identifies and establishes the accepted industrial conditions. This Court found a medical question under NRS 616C.330(3) and ordered a second PPD examination. As stated in the Claimant's Opposition to Motion for Stay filed in AO 1802418-RKN, Dr. Anderson offered opinions and made conclusions of the pre-existing condition which disregarded the prior litigated facts and judicial adjudications of the effect of the pre-existing conditions on the subject claim. Dr. Anderson's report confirmed that he was never provided the AO Decision which specifically determined the following facts:

1. The industrial accident aggravated the pre-existing condition and that the industrial

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injury was the substantial contributing cause of the resulting condition. ***Exhibit 1, pages 167-168.***

2. The two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level were directly related to the industrial accident. ***Exhibit 1, page 167.***

3. The conditions claimed by the Claimant are casually related to the subject industrial accident. ***Exhibit 1, page 168.***

4. The Claimant's injuries were related to the rear-end collision she sustained. ***Exhibit 1, page 168.***

Dr. Anderson's apportionment was incorrectly based on the position that the discs were pre-existing. ***Exhibit 1, page 155.*** Dr. Anderson specifically stated that "it was not logical to believe that these findings are related to the car accident that she was involved in 6 months earlier." ***Exhibit 1, page 155.*** As stated in the prior Opposition, this statement alone is sufficient justification to set the PPD of Dr. Anderson aside. Couple this with the list of factual mistakes contained in Dr. Anderson's report and the entire report of Dr. Anderson, notwithstanding Dr. Betz's review, renders the entire report fatally flawed. The Claimant respectfully re-submits the comparison which was detailed in the prior Opposition.

Dr. Anderson's Findings	Facts which contradict Dr. Anderson's Findings.
1. The Claimant had no documented cervical spine injury or pain immediately after the accident (symptoms began 6/30/2015). After at the cervical strain could be described as slight.	The Claimant complained of neck pain ion the day of the accident as documented in the C-4. ***Exhibit 1, page 36.*** The C-1 also documents that the Claimant complained of neck pain. ***Exhibit 1, page 160.*** On June 30, 2015, the Claimant presented to Dr. Hall at Specialty Health. The Claimant had complaints of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder associated with stiffness. ***Exhibit 1, pages 37-40.*** On July 1, 2015, Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7. ***Exhibit 1, pages 41-44.*** On July 14, 2015, the Claimant continued to have ongoing lumbar and neck pain, that was moderate to severe, associated sleep disruption and stiffness, and had minimal improvement with chiropractic care. Dr. Hansen's assessment was that the Claimant had cervical disc displacement. ***Exhibit 1, pages 53-55.***

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2. The finding of the cervical spine spondylosis, stenosis and disc bulges cannot be logically attributable to this car accident/work injury. These findings provided indication for fusion surgery in the cervical spine.	It is already judicially determined that the two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level were directly related to the industrial accident. ***Exhibit 1, pages 167-168.***
3. The claimant had responded well to physical therapy and medical treatment and had nearly completely resolved her cervical spine complaints prior to December 2015. She had no upper extremity symptoms at the time of release of care.	The Claimant made repeated complaints to her doctors regarding her cervical pain. ***Exhibit 1, pages 171-199. Specifically pages 175, 176, 177, 178, 179, 181, 184, 186, 189, 190 and 196.***
4. The work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause.	The Claimant had no prior pre-industrial accident symptoms. The industrial injury was judicially determined to be the substantial contributing cause of the resulting condition which required surgery. ***Exhibit 1, pages 167-168.*** There was no evidence that the Claimant would have ever needed surgery but for the industrial accident.

The law of this claim, which is not subject to re-litigation, is that the two large left paracentral disc protrusions at C6-6 and C-7 which are causing severe left NFS at each level were caused by the industrial accident. Dr. Anderson's opinions are flawed as are Dr. Betz as they ignore the judicial determination that the primary cause of the resulting condition of the Claimant is the industrial injures.

Dr. Betz attempts to discredit Dr. Jempsa's PPD findings as to the Claimant's range of motion [ROM]. Dr. Betz opines that since Dr. Jempsa's ROM findings are different than Dr. Anderson's findings and therefore Dr. Anderson's findings have priority. ***Exhibit 1, pages 19-24.*** This is a red herring as Dr. Betz later concedes that the ROM is not relevant as Dr. Anderson eventually used the DRE category to determine the rating. According to Dr. Anderson, the rating would be 25% whole person. Dr. Jempsa concluded that the impairment was 27%. Thus, the difference in the ratings is 2%. The question is whether it is appropriate to apportion the rating, and if so, how much.

a. APPORTIONMENT.

The basis for Dr. Anderson's 75% apportionment of the Claimant's rating is based on his conclusion that the work injury likely played some role in the onset of symptoms that led to surgery, but was not the primary cause. The Court already ruled that it was. In addition, Dr.

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Anderson opined that the finding of the cervical spine spondylosis, stenosis and disc bulges could not be logically attributable to this car accident/work injury and that it was these findings which provided indication for fusion surgery in the cervical spine which he opined were non-industrial. The Court already ruled that they were caused by the industrial accident.

Dr. Jempsa, on the other hand, did not feel that apportionment was appropriate after reviewing the Claimant's prior history. He based this opinion on the fact that there was no rateable impairment prior to the industrial injury.

Nevada law is clear. Apportionment of a pre-existing condition for a PPD is required under Nevada law. NRS 616.490(9) states:

> "Where there is a previous disability, as the loss of one eye, one hand, one foot, or any other previous permanent disability, the percentage of disability for a subsequent injury must be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury."

In addition, the Nevada Administrative Code provides specific guidelines for apportionment of pre-existing conditions. The applicable code states in pertinent part:

> **NAC 616C.490 Apportionment of impairments.** (NRS 616A.400, 616C.490)
>
> 1. If any permanent impairment from which an employee is suffering following an accidental injury or the onset of an occupational disease is due in part to the injury or disease, and in part to a preexisting or intervening injury, disease or condition, **the rating physician or chiropractor, except as otherwise provided in subsection 9, shall determine the portion of the impairment which is reasonably attributable to the injury or occupational disease and the portion which is reasonably attributable to the preexisting or intervening injury, disease or condition.** The injured employee may receive compensation for that portion of his impairment which is reasonably attributable to the present industrial injury or occupational disease and may not receive compensation for that portion which is reasonably attributable to the preexisting or intervening injury, disease or condition. The injured employee is not entitled to receive compensation for his impairment if the percentage of impairment established for his preexisting or intervening injury, disease or condition is equal to or greater than the percentage of impairment established for the present industrial injury or occupational disease.
>
> . . .
>
> 5. Except as otherwise provided in subsection 6, if a rating evaluation was completed in another state for a previous injury or disease involving a condition, organ or anatomical structure that is identical to the condition, organ or anatomical structure being evaluated for the present industrial injury or occupational disease, or if no previous rating evaluation was performed, the percentage of impairment for the previous injury or disease and the present industrial injury or occupational disease must be determined by using the Guide, as adopted by reference pursuant to NAC 616C.002. The apportionment must be determined by subtracting the percentage of impairment established for the previous injury or disease from the percentage of impairment established for the present industrial injury or occupational disease.

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6. If precise information is not available, and the rating physician or chiropractor is unable to determine an apportionment using the Guide as set forth in subsection 5, an apportionment may be allowed if at least 50 percent of the total present impairment is due to a preexisting or intervening injury, disease or condition. The rating physician or chiropractor may base the apportionment upon X rays, historical records and diagnoses made by physicians or chiropractors or records of treatment which confirm the prior impairment.

7. If there are preexisting conditions, including, without limitation, degenerative arthritis, rheumatoid variants, obesity or congenital malformations, the apportionment must be supported by documentation concerning the scope and the nature of the impairment which existed before the industrial injury or the onset of disease.

8. A rating physician or chiropractor shall always explain the underlying basis of the apportionment as specifically as possible by citing pertinent data in the health care records or other records.

9. If no documentation exists pursuant to subsection 7 or 8, the impairment may not be apportioned.

[Comm'r of Insurance & Industrial Comm'n, No. 41 § 9, eff. 5-13-82]—(NAC A by Dep't of Industrial Relations, 10-26-83; 6-23-86; A by Div. of Industrial Insurance Regulation, 2-22-88; A by Div. of Industrial Relations by R009-97, 10-27-97; R105-00, 1-18-2001, eff. 3-1-2001) [Emphasis added]

The requisite determination of the rating physician is to determine the "scope and the nature of the impairment which existed before the industrial injury or the onset of disease." NAC 616C.490(7). The ***AMA Guides*** also provides specific instruction for apportionment. According to the ***AMA Guides***, an apportionment analysis represents a distribution or allocation of causation among multiple factors that caused or significantly contributed to the injury or disease and resulting impairment. ***AMA Guides, 5th Edition, page 11***. Before determining apportionment, the physician needs to verify that all of the following information is true for an individual:

1. There is documentation of a prior factor.
2. The current permanent impairment is greater as a result of the prior factor (i.e. prior impairment, prior injury, or illness).
3. There is evidence indication the prior factor caused or contributed to the impairment, based upon a reasonable probability.

AMA Guides, 5th Edition, page 11

According to the ***AMA Guides***, the apportionment analysis must consider the nature of the impairment and its possible relationship to each alleged factors. Most important is that the rating

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physician must provide an explanation of the medical basis for all of the conclusions and opinions regarding apportionment. The most recent impairment rating is calculated and then the prior impairment is calculated and deducted.[1]

The ***AMA Guides*** must be followed and a rating physicians report must not be left to speculation and guesses. There is no evidence that the Claimant had any ratable impairment at the time of her current industrial injury. Scientific methodology must be followed otherwise the rating physician opinion cannot meet the reasonable degree of medical certainty standard. This methodology requires an apportionment analysis as set forth in the ***AMA Guides***. Without such an analysis, apportionment is not warranted. Further, the language of NRS 616C.490(1) is mandatory. The rating physician **shall** determine the portion of the impairment which is **reasonably** attributable to the injury or occupational disease and the portion which is **reasonably** attributable to the preexisting or intervening injury, disease or condition. NRS 616C.490(1). [Emphasis added.] Without the proper apportionment analysis required by both Nevada law and the ***AMA Guides***, prior medical records confirming that there was a rateable, prior residual impairment, and proof of a residual impairment at the time of the industrial injury [which would be rateable under the ***AMA Guides***], there can be no reasonable, substantiated apportionment.

Nevada law requires that there be documentation concerning the scope and the nature of the impairment which existed before the industrial injury. **NAC 616C.490(7)**. Neither Dr. Anderson or Dr. Betz provide any analysis of what impairment the Claimant had before the industrial accident. Neither Dr. Anderson or Dr. Betz appear to have been provided with the prior medical records. The Insurer had these records as they admitted them into evidence in AO 56832-RKN on July 13, 2016. The Claimant was seen for her lumbar spine on May 11, 2015.

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[1] The ***AMA Guides*** provides the following example:

> "...in apportioning a spine impairment rating in an individual with a history of a spine condition, one should calculate the current spine impairment. Then calculate the impairment from any pre-existing spine problem. The preexisting impairment rating is then subtracted from the present impairment rating to account for the effects of the former. This approach requires accurate and comparable data for both impairments." ***AMA Guides, 5th Edition, page 12.***

Another example is given on page 20 of the book entitled ***Master the AMA Guides, Fifth Edition.***

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According to Dr. Men-Muir, a board certified back surgeon at the Reno Orthopedic Clinic, the Claimant did not meet any criteria for back surgery. A review of the medical report does not show any condition that would be rateable for either the lumbar or more importantly, the cervical spine. There was no evidence of numbness or tingling. There was no weakness. There were no mechanical symptoms. There was no grinding, locking or popping of her back. There were no headaches. There were no symptoms of musculoskeletal joint swelling, stiffness, joint pain, back pain, muscle weakness or neck pain. There were no neurological symptoms. The Claimant had negative straight leg raising. The Claimant's lumbar range of motion was within normal limits with some pain except as to extension which had some limitations.[2] There was no examination of the cervical spine range of motion because there were no complaints. Sensory examination was normal. Faber Test was negative.[3] Trendelenburg Test was negative.[4] The Claimant had a normal gait. Reflexes and motor functions were normal. There was no thigh or calf atrophy. The Claimant could walk on her heels and toes [L5-S1 integrity: inability to walk on the toes indicates alterations in sacral first nerve root integrity as well as possible lumbar disc fifth involvement; inability to walk on the heels indicates lumbar fifth nerve root integrity as well as the lumbar disc fourth)[5], was able to squat and tandem walk (tests to bring out abnormalities in gait and balance).[6] There is nothing in the medical report which would result in any kind of rating for the cervical spine. Essentially the Claimant had non-symptomatic cervical conditions which in all likelihood

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[2] According to the Claimant, Dr. Men-Muir did not use any device to measure her range of motion. He simply asked her to bend forward and touch her toes and bend backward. ***Exhibit 1, pages 209-214.***

[3] The Faber Test is a passive screening tool for musculoskeletal pathologies, such as hip, lumbar spine, or sacroiliac joint dysfunction, or an iliopsoas spasm. ***Exhibit 2.*** FABER Test, https://www.physio-pedia.com/index.php?title=FABER_Test&oldid=196799

[4] The purpose of the Trendelenburg Test is to identify weakness of the hip abductors. Beside the identification of weakness in the hip abductors of the standing leg, the Trendelenburg test can be used to assess other mechanical, neurological or spinal disorders, such as the Congenital dislocation of the hip or hip subluxation. ***Exhibit 3.*** Trendelenburg Test, https://www.physio-pedia.com/index.php?title=Trendelenburg_Test&oldid=196811

[5] http://www.infojustice.com/samples/35%20The%20Limited%20Orthopedic%20Examination%20of%20the%20Upper%20Torso%20by%20Dr.%20Scott%20David%20Neff%20CFE.html ***Exhibit 4.***

[6] http://www.neuroexam.com/neuroexam/content38.html. ***Exhibit 5.***

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would have been a 0% whole person impairment. To apportion 75% of the rating due to pre-existing cervical condition when a month before the accident there were no symptoms in the cervical spine renders the Dr. Anderson and Dr. Betz opinions fatally flawed and not supported by the evidence. When Dr. Betz states that if there had been an aggravation of the pre-existing pathologies, "the development of radiculopathy symptoms and findings would be expected in the first few days or weeks, not 5 months later." Clearly Dr. Betz either ignored or did not read the medical records which clearly documents cervical complains of neck pain on the day of the accident as documented in the C-4 and in the C-1. ***Exhibit 1, pages 36 and 160.*** Dr. Betz either ignored or did not read the medical records for the visit on June 30, 2015 when the Claimant complained of neck discomfort that was described as moderate, diffuse, radiating into the right shoulder associated with stiffness. ***Exhibit 1, pages 37-40.*** Dr. Betz either ignored or did not read the medical records for the visit on July 1, 2015, when Dr. Brady assessed that the Claimant had spinal segment dysfunction at C6, C7. ***Exhibit 1, pages 41-44.*** One would conclude that since there were complaints within days and weeks of the industrial accident that there was a significant aggravation. However, the fusion was required due to the stenosis caused by the herniated disks. Those disk have been judicially determined to be caused by the industrial accident. Therefore the fusion, which Dr. Betz states is the "basis for the patient's substantial permanent partial impairment" is industrially caused. Dr. Betz and Dr. Anderson's conclusion that the disks were not caused by the industrial accident renders their opinions worthless.

NRS 616C.490 requires that there be evidence that a rateable impairment (as defined in the ***AMA Guides***) existed on the date of the industrial injury for apportionment to occur. NAC 616C.490 clarifies the nature and quantum of medical evidence necessary to sustain an apportionment. In this case there is no evidence that a rateable impairment existed on the date of the industrial injury. Neither Dr. Anderson or Dr. Betz explain the nature and scope of the impairment that existed at the time of the industrial accident. Nevada law is clear and in this case, the impairment may not be apportioned.

For these reasons, the Employer cannot demonstrate that they are likely to prevail on the merits. The stay should be denied and the Employer ordered to comply with the Hearing Officer's

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Decision.

2. THE INSURER WILL NOT SUFFER IRREPARABLE HARM IF THE STAY IS NOT GRANTED.

A stay will force the Claimant to have to wait to finalize her rating. The Insurer does not submit any legitimate argument about being harmed. They do not argue that they will suffer irreparable harm. They do not argue that the harm to the Claimant if a stay is granted would not substantially outweigh the harm to the Insurer if the stay was denied. The failure to make these arguments with facts to support them clearly demonstrates that this motion is without merit.

The Claimant would submit that having to wait until this matter is before the Appeals Officer will result in an unreasonable delay of finalizing her claim. The Insurer should have to comply with the Hearing Officer's decision. The Employer will only have to make installments pending the outcome of the appeal.

3. CONCLUSION.

The Insurer's Motion for Stay should be denied for the following reasons:

1. The Insurer has not established that it is likely to prevail on the merits;
2. The Insurer has not established that the Claimant will not suffer irreparable harm if the stay is granted; and
3. The harm to the Claimant of a stay is granted would substantially outweigh the harm to the Insurer if the stay was denied.

THEREFORE, the Claimant respectfully requests that Insurer's ***Motion for Stay*** be denied.

AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that this document, filed in the above referenced

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appeal number, does not contain the social security number of any person.

DATED this 30 day of August, 2018.

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C
Reno, NV 89501

By: _____
HERB SANTOS, JR., Esq.
Attorney for Claimant

THE LAW FIRM OF HERB SANTOS, JR.
225 South Arlington Avenue, Suite C, Reno, Nevada, 89501
Tel: (775) 323-5200 Fax: (775) 323-5211

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am over the age of eighteen (18) and that on this date I deposited for mailing via United States Mail, first class postage fully prepaid, at Reno, Nevada, a true copy of the attached document addressed to:

CITY OF RENO
ATTN: ANDRENA ARRYGUE
P. O. BOX 1900
RENO, NV 89505

CCMSI
P.O. BOX 20068
RENO, NV 89515

LISA ALSTEAD, ESQ.
PO BOX 2670
RENO, NV 89505

DATED this 31 day of August, 2018.

Jimayhe Lee

Jimayhe Lee

THE LAW FIRM OF HERB SANTOS, JR.
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EXHIBIT 1

EXHIBIT 1

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:	Hearing Number: 1803717/1803718-JL Claim Number: 15853E839641
KIMBERLY KLINE 305 PUMA DR WASHOE VALLEY, NV 89704-9739	CITY OF RENO ATTN ANDRENA ARREYGUE PO BOX 1900 RENO, NV 89505

_____/

BEFORE THE HEARING OFFICER

The Claimant's requests for Hearings were filed on June 19, 2018, and a Hearings were scheduled for July 12, 2018. The Hearings were held on July 12, 2018, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant and her attorney, Herbert Santos, Jr., were present by telephone conference call. The Employer/Insurer were represented by Lisa Wiltshire Alstead, Esquire, by telephone conference call.

ISSUE

The Claimant appealed the Insurer's determinations dated June 13, 2018 and May 24, 2018. The issues before the Hearing Officer are the 6% permanent partial disability (PPD) award and the 27% PPD held in abeyance.

DECISION AND ORDER

The determination of the Insurer is hereby **REVERSED**.

Under Decision and Order Number 1801761-JL, the Hearing Officer found a medical question regarding Dr. Anderson's 75% apportionment and instructed the Insurer to schedule the Claimant for a second PPD evaluation pursuant to NRS 616C.330. On May 8, 2018, the Claimant was evaluated for a second PPD by Dr. Jempsa wherein Dr. Jempsa awarded a 27% PPD. On May 24, 2018, the Claimant was noticed that the 27% PPD would be held in abeyance pending the results of a PPD review by Dr. Betz. On June 13, 2018, the Insurer noticed the Claimant that Dr. Betz agreed with Dr. Anderson's PPD evaluation and offered him the original 6% PPD, the instant appeals. A review of Dr. Jempsa's PPD evaluation establishes that said evaluation was conducted in accordance with the AMA Guides. As such, the Hearing Officer finds that no medical evidence has been presented to justify the 75% apportionment and the Claimant is entitled to the 27% PPD award determined by Dr. Jempsa.

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final Decision and Order of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days of the date of the decision by the Hearing Officer.

IT IS SO ORDERED this 19th day of July, 2018.

Jason Luis, Hearing Officer

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

KIMBERLY KLINE
305 PUMA DR
WASHOE VALLEY, NV 89704-9739

HERBERT SANTOS JR, ESQ
225 S ARLINGTON AVE STE C
RENO NV 89501

CITY OF RENO
ATTN ANDRENA ARREYGUE
PO BOX 1900
RENO, NV 89505

LISA M WILTSHIRE ALSTEAD ESQ
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100 W LIBERTY ST 10TH FLOOR
RENO NV 89501

CCMSI
PO BOX 20068
RENO, NV 89515-0068

DIR
WORKERS COMP SECTION
INTERDEPARTMENTAL MAIL
400 W KING ST
CARSON CITY NV

Dated this 19th day of July, 2018.

Susan Smock
Employee of the State of Nevada

C C M S I

May 24, 2018

KIMBERLY KLINE
305 Puma Dr
Washoe Valley, NV 89704-9739

Re: Claim No.: 15853E839641
D.O.I.: 6/25/2015
Employer: City of Reno
Body Parts: cervical

Dear Ms. Kline;

We are in receipt of Dr. Jempsa's PPD rating dated 5/14/2018. We have asked Dr. Betz to review Dr. Anderson's and Dr. Jempsa's PPD report and provide an opinion regarding apportionment.

Please be advised that we are holding the Permanent Partial Disability award in abeyance pursuant to NAC 616C.103. Upon receipt of Dr. Betz response, a new determination will be rendered regarding the permanent partial disability award.

If you disagree with this determination, you may request a hearing before a Hearing officer by completing the enclosed "Request For Hearing:" form within seventy (70) days after the date on which this notice was mailed and sending it to the State of Nevada, Department of Hearings, Carson City.

Sincerely,
CCMSI

Lisa Jones
Claims Representative

cc: City of Reno, Herb Santos, Esq. Lisa Wiltshire Alstead, Esq.

Enc: D-12a (Appeal Rights) PPD report, addendum report

JAMES C. JEMPSA, DO

Reno, Nevada
Telephone: 775-786-9072
Fax: 775-787-6430

Lisa Jones
CCMSI
PO Box 20068
Reno, NV 89515
Telephone: 775-324-3301
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PERMANENT PARTIAL DISABILITY EVALUATION

RE:		
	CLAIMANT:	Kimberly Kline
	SSN:	XXX-XX-2795
	CLAIM NO.:	15853E839641
	DOI:	06/25/2015
	EMPLOYER:	City of Reno
	DATE OF EXAM:	05/08/2018
	DATE OF REPORT:	05/14/2018
	BODY PARTS:	1. Cervical.

DIAGNOSIS:

1. Multilevel cervical fusion.

PLACE OF EXAMINATION: Reno, Nevada.

INTRODUCTION: The claimant presents to our office today for a Permanent Partial Disability rating performed in accordance with the Fifth Edition, Sixth Printing, AMA Guides to the evaluation of Permanent Impairment. The claimant was informed with regards to the purpose of this examination. It is understood that there is no patient/treating physician relationship established on the basis of today's examination. It was explained that the evaluation was requested by the referral source and the report will be sent to the referral source upon completion.

Dear Lisa Jones:

Kimberly Kline sustained industrial injury to her neck on June 25, 2015. She subsequently went on to have a multilevel fusion of her cervical spine. She presents today for a PPD evaluation of the cervical spine.

PERSONAL DATA:

The claimant was identified by her picture on a Nevada Driver's License #0701144556. She gives a birth date of 10/07/1979 making the claimant 38 years of age at the time of this evaluation.

The claimant has lived in Reno for approximately the last 38 years.

She has completed school greater than 16 years.

The claimant has not served in the military.

REVIEW OF MEDICAL RECORDS:

All significant medical records provided were reviewed.

On June 25, 2015 initial evaluation at St. Mary's Regional Medical Center. History of Present Illness: Chief Complaint: Back injury and back pain. It is described as being moderate degree of pain in the upper lumbar mid lumbar and lower lumbar spine radiating into the right thigh and the left thigh. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss. Past History: The patient had prior back pain. Physical Exam: Neck: Normal inspection. Neck nontender. Painless range of motion. Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine. Neuro: No motor deficit. No sensory deficit. Reflexes normal. Impression: Acute lumbar radiculopathy. Sprain of lumbar spine. Acute pain in the lower back. Prescription Medications: Flexeril, Norco and prednisone.

On June 30, 2015 evaluation at Specialty Health Clinic. Chief Complaint: Back-2nd MVA 6-25-15. History of Present Illness: Patient was involved in a second motor vehicle accident on June 25, 2015 when she was rear-ended at high-speed. Currently the patient reports: 1. Neck discomfort-moderate, diffuse, radiation into the right shoulder, associated stiffness. 2. Lumbar and thoracic pain-diffuse, nonradiating, no red flags, no numbness or weakness reported and legs. Physical Exam: Cervical exam-mild diffuse muscular tenderness to palpation, normal inspection, normal strength and sensation in both arms, normal reflexes throughout both arms, range of motion, flexion 40°, extension 50°, lateral rotation 70° bilaterally with pain at extremes. Assessment: Sprain of neck. Plan: Chiropractic, full duty, return in two weeks.

On May 11, 2015 initial evaluation by Dr. Men-Muir. He evaluated her low back.

On July 14, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness. Physical Exam: Musculoskeletal: Neck-normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On August 20, 2015 follow-up visit at Specialty Health Clinic. Chief Complaint: Cervical strain. History of Present Illness: Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues. Physical Exam: Musculoskeletal: Exam-normal inspection, mild muscular tenderness palpation over the trapezius, full motion with grossly normal strength and sensation in arms. Assessment: Sprain of neck. Plan: Full duty, MMI.

On September 23, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports improving neck discomfort, rated 3/10, Central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms. Physical Exam: Musculoskeletal: Neck exam-normal inspection, minimal muscle tenderness to palpation, full motion, normal strength and sensation in both arms. Assessment: Sprain of neck. Plan: Physical therapy, Full duty, return in two weeks.

On October 28, 2015 follow-up visit at Specialty Health Clinic. History of Present Illness: Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported. Patient has completed treatment. Physical Exam: Musculoskeletal: Neck exam-normal inspection, nontender to palpation, full motion with grossly normal strength. Assessment: Sprain of ligament of the cervical spine Plan: Full duty, MMI.

On January 13, 2016 MRI of the cervical spine without contrast impression: Disc degeneration with large disc protrusion at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspect of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

On January 13, 2016 chiropractic treatment by Dr. Hansen.

On January 14, 2016 chiropractic treatment by Dr. Hansen.

On January 15, 2016 chiropractic treatment by Dr. Hansen.

On January 18, 2016 chiropractic treatment by Dr. Hansen.

On January 19, 2016 chiropractic treatment by Dr. Hansen.

On January 20, 2016 chiropractic treatment by Dr. Hansen.

On January 21, 2016 chiropractic treatment by Dr. Hansen.

On January 25, 2016 chiropractic treatment by Dr. Hansen.

On January 26, 2016 chiropractic treatment by Dr. Hansen.

On January 27, 2016 chiropractic treatment by Dr. Hansen.

On January 28, 2016 chiropractic treatment by Dr. Hansen.

On February 1, 2016 chiropractic treatment by Dr. Hansen.

On February 2, 2016 chiropractic treatment by Dr. Hansen

On February 5, 2016 chiropractic treatment by Dr. Hansen

On February 8, 2016 chiropractic treatment by Dr. Hansen

On February 10, 2016 chiropractic treatment by Dr. Hansen

On February 12, 2016 chiropractic treatment by Dr. Hansen

On February 16, 2016 chiropractic treatment by Dr. Hansen

On February 19, 2016 chiropractic treatment by Dr. Hansen

On February 24, 2016 chiropractic treatment by Dr. Hansen

On March 16, 2016 follow-up visit at Specialty Health Clinic.

On April 28, 2016 chiropractic treatment by Dr. Hansen

On July 5, 2016 neurosurgical evaluation. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: When I saw her today, she has neck pain and stiffness. She has a pressure feeling in the neck. She rates this as a 5/10. She has aching in the left arm again it is 5/10. She maps out numbness and aching in the forearm down to the thumb in the C6 distribution. Her right arm is okay. She feels she has plateaued. She is done extensive physical therapy. Physical Examination: Cervical: Neck, shoulders and low back have normal range of motion with no scars. Palpation for tenderness. Arms have normal range of motion with no scars. She has a reduce range of motion of the cervical spine. She has numbness of the left forearm in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators in the left, biceps and triceps on the left. She has diminished reflexes in the upper extremities. Impression/Plan: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord

compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-S1. Kimberly has a cord compression and weakness. I think it is reasonable to offer her surgery. She states she never had these arm symptoms before the accident and although she may have had pre-existing spondylosis, the accident had probably exacerbated her underlined stenosis. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On April 3, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has continued with posterior neck pain and pressure. The pain continues to extend down the left arm following the left C-6 distribution. Most of his symptoms are in the left arm and rated at times at a 9/10. Continues to limit her ability to sleep at night the symptoms may be slightly improved but overall are very similar to the intensity she had the last allied. Physical Exam: She had a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the upper extremity. Assessment and Plan: 1. Neck pain. 2. Cervical spondylosis. 3. Spinal stenosis and cervical region. Plan: 1. Repeat MRI and C-spine x-rays. 2. Follow-up in 2-4 weeks.

On April 21, 2017 x-rays of the cervical spine. Impression: 1. Mild disc space narrowing and facet degenerative change of the lower cervical spine. 2. Development of retrolisthesis of 2 mm of retrolisthesis C4 on 5 and 1 mm retrolisthesis of C6 on 7 upon extension.

On April 21, 2017 MRI of the cervical spine without contrast. Impression: Moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

On April 25, 2017 follow-up neurosurgical visit. Chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: Returns. Arm worse. Options discussed. Wants surgery. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left forearm and the C6 distribution. Physical examination, she has 4/5 weakness in external rotators on the left, biceps and triceps on the left. She has depressed reflexes in the left upper extremity. Impression: 1. Cervical spondylosis, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. 4. Minimal spondylosis, L3-4, L4-5 and L5-worsening symptoms and stenosis on MR. 6. Cord compression and failed conservative therapy. I offered her C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 8, 2017 follow-up neurosurgical visit chief Complaint: 1. Neck pain and stiffness. 2. Left arm numbness and pain. History of Present Illness: She has stopped all blood thinning medications. She does again request surgery. She would like to remain off work first six weeks as was discussed. Physical Exam: She has a reduce range of motion of the cervical spine. She has numbness of the left form in the C6 distribution. On physical examination, she has 4/5 weakness

in external rotators on the left, brought biceps and triceps on the left. She has depressed reflexes in the upper extremity. Impression: 1. Cervical spine bond low doses, C4-5, C5-6 and C6-7 with cord compression C5-6 and C6-7. 2. Mobile spondylolisthesis at C4-5. 3. Failed conservative therapy. She was offered C4-5, C5-6 and C6-7 anterior cervical decompression and instrumented fusion.

On June 12, 2017 operative report by Dr. Sekhon. Preoperative Diagnosis: Cervical stenosis. Postoperative Diagnosis: Cervical stenosis. Title of the Procedure: 1. C4/5, C5/6, and C6/7 Anterior cervical decompression using a left-sided approach and the microscope. 2. C4/5, C5/6 and C6/7 interbody fusion using peak interbody cages and bone graft substitute. 3. C4-7 anterior segment fusion using a cervical locking plate. 4. Microscopic microdissection. 5. Fluoroscopic guidance for placement of the screws.

On June 26, 2017 postop neurosurgical visit. Chief Complaint: 1. Two weeks status post C4-C 7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: She has noticed some improvement to the left upper extremity symptoms. The numbness in her arm and hand specifically have improved. She still has some achiness posteriorly of her neck. She has some mild dysphasia that slowly seems to be improving. She has been wearing her soft collar when she is up and about, but she states that she is actually feeling quite well for two weeks after surgery. The strength in her arms is good. Overall, she takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. There is minor superficial edema and swelling that is non-concerning. Upper extremity motor strength is 5/5 throughout bilaterally. Sensation is grossly intact. The equivalent and normal bilaterally. Impression: 1. Two weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan: 1. Follow-up in four weeks with static and dynamic cervical x-rays. 2. Call with any questions or concerns or changes in her condition.

On July 24, 2017 x-rays of the cervical spine with flexion and extension. Impression: Anterior interbody fusion C4 through C7 with no instability with flexion/extension views.

On July 26, 2017 follow-up postoperative neurosurgical visit. Chief Complaint: 1. Two week status post C4-C7 ACDF. 2. Left upper extremity radiculopathy. History of Present Illness: Today, she presents to six weeks postoperative review. She continues to notice improvement to the left upper extremity symptoms. Left arm is overall much improved, but she has noticed some ongoing numbness in the left hand and forearm. Her posterior neck pain has mostly settled and her swallowing is not problematic. She occasionally takes about one pain tablet towards the end of the day, but otherwise the pain is very manageable. Physical Exam: On physical exam, the wound is clean, dry, and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 6 weeks status post C4-C7 ACDF. 2. Improvement in postoperative symptomatology in the left upper extremity. 3. Stable postoperative course. Plan:

1. Follow-up in 6 weeks with static and dynamic cervical x-rays. Physical therapy. Release to work without restrictions on 7/31/17.

On September 5, 2017 x-rays of the cervical spine with flexion-extension views. Impression: ACDF C 4-C7 without evidence of hardware complication.

On September 6, 2017 follow-up postop neurosurgical visit. Chief Complaint: 1. 12 weeks status post C4-C7 ACDF. History of Present Illness: Today, she presents 12-weeks postoperative. Her symptoms continue to much improved. There is slight numbness in her left hand but it is very manageable. She also has some occasional posterior neck pain. She is not having the shooting pains that she once did. She has done physical therapy which she believes is helping. She also believes that the pressure in her neck has settled as well. She is very pleased with her recovery at this stage. Physical exam: On physical exam, the wound is clean, dry and intact. There is no evidence of infection. Upper extremity motor strengths are 5/5 throughout bilaterally. Sensation is grossly intact. DTRs are equivalent and normal bilaterally. Impression: 1. 12 weeks status post C4-C7 ACDF. 2. Improvement to preoperative symptomatology in the left upper extremity. 3. Stable postoperative course.

On September 11, 2017. She was placed at maximum medical improvement. She was returned to full duty. She had a ratable impairment.

PRESENT SYMPTOMS AND COMPLAINTS:

The claimant states that she has a tight/sore neck, tight/sore shoulders, daily headaches, weak neck, and numbness down her left arm to her left thumb. She states that her current neck pain is a 4/10 and at its worse 8/10 and at its best 2/10.

As far as activities of daily living are concerned:

As far as self-care/personal hygiene is concerned: She states no difficulty with brushing teeth, eating, urinating and bowel movements. She states mild difficulty with dressing and combing hair. She states moderate difficulty with bathing.

As far as communication is concerned: She states no difficulty with speaking, hearing and writing.

As far as physical activity is concerned: She states no difficulty walking and climbing stairs. She states mild difficulty with standing, sitting, changing positions.

As far sensory function is concerned: She states no diff code was seeing, smelling, tasting, feeling sharp versus dull and feeling hot versus cold except for her left thumb.

As far as hand activities are concerned: She states no difficulty with coordination. She states mild difficulty with grasping and lifting.

As far as advanced activities are concerned: She states no difficulty with preparing meals, managing money/checkbook, taking medications, and using public transportation. She states mild difficulty with working around the house/housework, using the phone or writing letters, shopping/carrying groceries, social activities, sexual activities and vigorous physical activity. She states moderate difficulty with driving a car. She states severe difficulty with restful sleep secondary to pain.

PAST MEDICAL HISTORY:

Past Medical History: She has no history of chronic illnesses. She states that she had no problems with her neck prior to her industrial injury of June 25, 2015.

Past Surgical History: Right ankle surgery 2013.

Medications: Advil.

Allergies to Medications: No known drug allergies.

PHYSICAL EXAMINATION:

On May 8, 2018 the claimant stood 67" tall and weighed 178 pounds. The claimant is right hand dominant.

This person's general appearance is that of a well-hydrated, well-nourished adult female in no acute distress. Her mood and manner were appropriate. She was well oriented and cooperative throughout the examination. She was not wearing an orthotic device.

On visual inspection of the cervical spine there was normal development. There was a 7 cm surgical scar located over the left anterior inferior aspect of the neck. The scar was generally straight in appearance and normal in color. On palpation of the neck there was muscle tightness along the paravertebral musculature. On strength testing, motor strength was 5/5 in all muscle groups of the right and left upper extremities. On sensory testing there was intact sensation to light and sharp touch except for the left thumb which was 4.56 on monofilament testing. Deep tendon reflexes at the biceps and triceps were +2/+4 bilaterally. The right and left upper extremities have normal temperature color and pulses. There was no evidence of atrophy, upper arm and forearm circumferences were equal bilaterally.

Range of motion of the cervical spine:

The claimant was informed not to perform any motions that were painful or that she was uncomfortable performing or that might cause her harm. The claimant was also informed that she can take a rest break during any part of the examination.

Warm-up exercise were performed as described on page 399.

Range of motion of the cervical spine was performed according to Section 15.11 Range of Motion: Cervical Spine. Starting on page 417.

Movement	Description	Range					
Cervical Flexion	Calvarium angle	40	40	40			
	T1 ROM	20	20	20			
	Maximum cervical flexion angle	20	20	20			
	±10% or 5°	*Yes	No				
	Maximum cervical flexion angle	20					
	% Impairment	3					

Movement	Description	Range					
Cervical Extension	Calvarium angle	20	20	20			
	T1 ROM	5	5	5			
	Cervical extension angle	15	15	15			
	±10% or 5°	*Yes	No				
	Maximum cervical extension angle	15					
	% Impairment	5					

Movement	Description	Range					
Cervical Left Lateral Bending	Calvarium angle	30	30	30			
	T1 ROM	10	10	10			
	Cervical left lateral flexion angle	20	20	20			
	±10% or 5°	*Yes	No				
	Maximum cervical left lateral flexion angle	20					
	% Impairment	2					

Movement	Description	Range					
Cervical Right Lateral Bending	Calvarium angle	30	30	30			
	T1 ROM	10	10	10			
	Cervical right lateral flexion angle	20	20	20			
	±10% or 5°	*Yes	No				
	Maximum cervical right lateral flexion angle	20					
	% Impairment	2					

Movement	Description	Range					
Cervical Left Rotation	Cervical left rotation angle	40	40	40			
	±10% or 5°	*Yes	No				
	Maximum cervical left rotation angle	40					
	% Impairment	2					

Movement	Description	Range					
Cervical Right Rotation	Cervical right rotation angle	40	40	40			
	±10% or 5°	*Yes	No				
	Maximum cervical right rotation angle	40					
	% Impairment	2					

SUMMARY AND DISCUSSION:

STABILITY OF MEDICAL CONDITION: The claimant was placed at maximum medical improvement on September 11, 2017 permanent and stationary, stable and ratable by Dr. Sekhon.

APPORTIONMENT: There is no prior history of disease, injury, or impairment to the affected body part necessitating apportionment consideration.

IMPAIRMENT EVALUATION ACCORDING TO THE GUIDES:

Impairment rating was done according to the Fifth Edition, Sixth Printing AMA Guides to the Evaluation of Permanent Impairment. The examination, measurements, and impairment percentages were compiled by me. The history and medical records provided were reviewed by me and any discrepancies were discussed with the claimant.

Body Part: The claimant is rated according to the cervical spine.

On page 380 right hand column. Range of motion method if: b. there is radiculopathy bilaterally or at multiple levels in the same spinal region.

In this case, there was multiple levels in the same spinal region. Therefore, the claimant will be rated by range of motion.

On page 398 Section 13.8 Range-of-Motion Method. Although called the range of motion method, this evaluation method action consists of three elements that need to be assessed: (1) the range of motion of the impaired spinal region; (2) accompanying diagnosis (Table 15-7); and (3)

any spinal nerve deficit, which is described in this chapter and in chapter 13. The whole person impairment rating is obtained by combining ratings from all three components, using the combined values chart (p. 604).

On page 404, Table 15-7, Criteria for Rating Whole Person Impairment Percentage Due to Specific Spine Disorders to Be Used As Part of the Range of Motion Method. The claimant fits into the Category IV D. Single-level spinal fusion with or without decompression with residual signs and symptoms. Also Category IV E. multiple levels, operated on, with residual, medically documented pain and rigidity. Add 1% per level. Therefore, an additional 2% will be added for the additional levels. Therefore, the total equals 12% whole person impairment from Table 15-7.

On page 418, Table 15-12, Cervical Region Impairment from Abnormal Flexion or Extension or Ankylosis. Therefore, flexion of 20° equals 3% whole person impairment. Extension of 15° equals 5% whole person impairment. Total impairment due to abnormal flexion and extension equals 8% whole person impairment.

On page 420 Table 15-13, Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Lateral Bending. Right lateral bending of 20° equals 2% whole person impairment. Left lateral bending of 20° equals 2% whole person impairment. Therefore, total impairment due to lateral bending equals 4% whole person impairment.

On page 421 Table 15-14 Impairment Due to Abnormal Motion and Ankylosis of the Cervical Region: Rotation. Right rotation of 40° equals 2% whole person impairment. Left rotation of 40° equals 2% whole person impairment. Therefore, total impairment due to abnormal rotation equals 4% whole person impairment.

Therefore 16% whole person impairment for abnormal motion.

On page 423 Section 15.12 Nerve Root and/or Spinal Cord. The claimant has decreased sensation along the C6 nerve root on the left. She best fits into grade 3 30% Sensory Deficit. On page 424, Table 15-17 Maximum % Loss of Function Due to Sensory Deficit or Pain is 8% for the C6 nerve root. Therefore, multiplying 30% times 8% equals 2.4% upper extremity impairment rounded to 2% upper extremity impairment. On page 439 Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole person. Therefore, 2% upper extremity impairment equals 1% whole person impairment.

The total whole person impairment for accompanying diagnoses from Table 15-7 equals 12%.

The total whole person impairment for loss of motion equals 16%.

The total whole person impairment for sensory loss equals 1%.

Therefore, combining the whole person impairment for accompanying diagnoses from Table 15-7 12% with impairment for loss of motion 16% with impairment for sensory loss of 1% equals 27% whole person impairment from the combined values chart on page 604.

ESTIMATED WHOLE PERSON IMPAIRMENT: Upon review of the available medical records and after examining the claimant, apportionment does not appear to be an issue with regards to this claim. **It is my recommendation that the claim be closed with 27% whole person impairment.**

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,

James C. Jempsa, DO
Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

JAMES C. JEMPSA, DO

Reno, Nevada
Telephone: 775-786-9072
Fax: 775-787-6430

Lisa Jones
CCMSI
PO Box 20068
Reno, NV 89515
Telephone: 775-324-3301
Fax: 775-324-9893

PERMANENT PARTIAL DISABILITY EVALUATION ADDENDUM

RE:		
	CLAIMANT:	Kimberly Kline
	SSN:	XXX-XX-2795
	CLAIM NO.:	15853E839641
	DOI:	06/25/2015
	EMPLOYER:	City of Reno
	DATE OF EXAM:	05/08/2018
	DATE OF REPORT:	05/18/2018
	BODY PARTS:	1. Cervical.

In regards to your letter dated May 15, 2018. You will need to contact Dr. Anderson concerning his rationale for apportionment of Ms. Kline. I will provide you my opinion as far as apportionment is concerned with Ms. Kline. The claimant stated that she had no problems with her neck prior to her industrial injury of June 25, 2015. I have not received any medical records prior to the industrial injury of June 25, 2015. In accordance with NAC 616C.490 it is my opinion that apportionment is not necessary in this case. Therefore, 0% whole person impairment for apportionment. I recommend that the case should be closed with 27% whole person impairment for her cervical spine.

If there are any further questions regarding the impairment rating provided, please do not hesitate to contact me.

Sincerely,

James C. Jempsa, DO
Board Certified American Board of Osteopathic Family Physicians; Member, American College of Osteopathic Family Physicians, DIR Designated Rating Physician, State of Nevada.

C C M S I

June 13, 2018

KIMBERLY KLINE
305 Puma Dr
Washoe Valley, NV 89704-9739

Re: Claimant: Kimberly Kline
Claim No.: 15853E839641
D.O.I.: 6/25/2015
Employer: City of Reno

Dear Ms. Kline:

We are in receipt of Dr. Betz Permanent Partial Disability (PPD) review report dated June 4, 2018. Per Dr. Betz, he agrees with Dr. Anderson's PPD evaluation dated November 10, 2017. As a result of your Permanent Partial Disability (PPD) evaluation, you have been granted a permanent partial disability award of six (6%) percent on a whole body basis for impairment of your cervical.

Please be advised the PPD award will be paid in monthly installments pursuant to NRS 616C.380.

If you disagree with the above determination you do have the right to appeal by requesting a hearing before a hearing officer by completing the bottom portion of this notice and sending it to the state of Nevada, Department of Administration, Hearings Division. **Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed**

If you have further questions or wish to discuss this case further, please contact me at (775) 324-3301 x 1029.

Sincerely,

Lisa Jones
Claims Representative
CCMSI – Reno, Nevada

cc: File, City of Reno, Lisa Alstead, Esq., Herb Santos, Esq.

Nevada Occupational Health Center

Jay E. Betz, MD
Medical Director

Occupational Medicine
Injury Care
Employer Services

June 4, 2018

Lisa Jones
CCMSI
PO Box 20068
Reno, NV 89515

Re: Kimberly Kline
DOI: 6/25/2015
Claim # 15853E839641

Received
JUN 05 2018
CCMSI-Reno

PPD/CHART REVIEW

Dear Ms. Jones,

At your request, I reviewed the medical record of Kimberly Kline including 2 PPDs, one performed by Dr. Russell Anderson, DC on 11/10/2017 and the second by Dr. James Jempsa, DO on 5/8/2018.

This review was performed in conjunction with the *AMA Guides to the Evaluation of Permanent Impairment, 5th edition* and NAC 616C.490.

The opinions expressed in this review are stated to a reasonable degree of medical probability based on the medical records provided and may be altered by additional information or examination of the patient.

HISTORY:
Approximately 6 weeks prior to her subsequent occupational injury, Ms. Kimberly Kline was evaluated by Dr. Men-Muir on May 11, 2015 complaining of bilateral low back pain as result of a non-work-related auto accident several months previous. X-ray showed degenerative changes at L4-5. She was diagnosed with discogenic back pain. Voltaren and physical therapy were recommended.

Ms. Kline was then involved in a work related vehicular accident on June 25, 2015 when she was rear-ended at 20 mph. She was initially seen at Saint Mary's Regional Medical Center complaining of pain in the low back with radiation to both thighs. Her history of prior vehicular accident with back pain was noted. It was also noted that a lumbar MRI scan 1 month previous had shown a

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herniated disc at L3-4 and L4-5 but that her symptoms nearly resolved in the intervening period. On examination Ms. Kline's neck was normal with painless range of motion and no tenderness. There was mild tenderness over the lumbar spine. No neurologic deficits were found. She was diagnosed with an acute lumbar radiculopathy and sprain of the lumbar spine. She was given medication for pain and spasm as well as prednisone.

In followup at Specialty Health Clinic on June 30, 2015, it was noted that Ms. Kline had been evaluated by Dr. Men-Muir for low back pain related to a previous auto accident about 6 weeks prior to the 2nd motor vehicle accident on June 25, 2015. Ms. Kline was now complaining of neck, upper back and low back pain. After examination she was diagnosed with neck sprain. Chiropractic care was recommended.

Ms. Kline underwent several chiropractic treatments with Maria Brady, DC, RN.

In followup with Dr. Hall on July 14, 2015, the patient reported minimal improvement with chiropractic adjustments and complained of persistent lumbar and neck pain. Conservative measures including physical therapy were continued.

On August 20, 2015 Ms. Kline reported she was improving with therapy. She had full range of motion and was intact neurologically. Completion of physical therapy followed by monitoring was recommended.

In follow-up with Dr. Hall at Specialty Health Clinic on September 23, 2015, Ms. Kline again reported improving but persistent mild neck pain. Additional physical therapy was recommended.

She improved and was discharged from care on October 28, 2015.

A little over 2 months later, on January 13, 2016, MRI scan the patient's cervical spine was obtained to further evaluate significant recurrent neck pain with radiation to the left arm. MRI was remarkable for disc degeneration with large disc protrusions at C5-6 and C6-7 resulting in complete effacement of the cerebral spinal fluid from the ventral and dorsal aspects of the cord with severe canal stenosis.

In follow up with Dr. Hall on March 16, 2016, he noted that Ms. Kline had essentially no symptoms on October 28, 2015 when she was discharged but was complaining of acute onset of neck pain of 7 days duration when she was seen by Dr. Hansen on January 13, 2016 with radiation to the left arm and associated neurologic signs. He noted the MRI results and that the chiropractor had recommended physiatry evaluation for further treatment. Dr. Hall concluded that the patient likely had degenerative disc changes prior to the industrial injury which may have been exacerbated by the industrial injury but that there was no evidence of neurologic symptoms during treatment for the industrial injury and again noted that the patient had improved with conservative measures. He concluded there is no objective evidence to connect the significant MRI findings of January 13,

2016 with the industrial injury. He again indicated that Ms. Kline had recovered completely from the industrial injury of June 25, 2015 by the end of October 2015.

Ms. Kline received multiple chiropractic treatments from Dr. Hansen between January 14th and April 28, 2016 without lasting benefit.

Neurosurgical consultation was obtained from Dr. Sekhon on July 5, 2016. He indicated the patient had pre-existing spondylosis C4 through C7 with cord compression C5-6 and C6-7, mobile spondylolisthesis at C4-5 and failed conservative therapy. He felt the accident exacerbated her underlying stenosis. He offered anterior cervical decompression and fusion C4 through C7.

In neurosurgical follow-up on April 3, 2017, repeat MRI and cervical x-rays were recommended.

Repeat x-rays on April 21, 2017 showed mild disc space narrowing and facet degenerative changes of the lower cervical spine with development of retrolisthesis of 2 millimeters C4 on 5 and 1 millimeters C6 on 7. MRI on the same day showed moderate posterior disc osteophyte complex at C4 through C6 resulting in mass effect upon the ventral spinal cord and moderate to severe central canal stenosis.

In followup with the neurosurgeon on April 25, 2017, surgery was again recommended. He noted Ms. Kline had some weakness and depressed reflexes in the left arm.

On June 12, 2017 Dr. Sekhon performed an anterior cervical decompression C4 through C7 followed by interbody fusion.

In followup Dr. Sekhon felt the patient was improving and physical therapy was recommended.

X-rays on September 5, 2017 showed no hardware complications.

On September 6, 2017, 12 weeks postop, the patient reported improvement. Exam showed intact motor function throughout the upper extremities and grossly intact sensation. DTRs were equal and normal bilaterally.

On September 11, 2017 Dr. Sekhon felt Ms. Kline was MMI and she was released to full duty.

A rating evaluation was then performed by Dr. Russell Anderson, chiropractor, on June 25, 2015. He noted the patient still had headaches and limited mobility of her neck with numbness in the left wrist and hand affecting the C6 distribution. On exam he found limited range of motion of the cervical spine and concluded she was best assessed on the range of motion method. He allowed 12% whole person impairment for specific spine disorders which included 10% for spinal fusion at one level and 1% each for additional 2 levels. He found 7% impairment related to losses of range of

motion and 1% for sensory changes in the C6 nerve root. The combined total was 19% whole person impairment.

However, Dr. Anderson noted that under the DRE method the patient would be allowed a minimum a 25% whole person impairment and suggested that 25% be the appropriate allowance.

Regarding apportionment, he noted Ms. Kline had significant pre-existing degenerative cervical spine spondylosis and suggested 75% of the whole person impairment be apportioned to non-industrial factors leaving 6% whole person impairment related to the occupational injury.

A 2nd impairment evaluation was performed on May 8, 2018 by Dr. James Jempsa, D.O. He noted Ms. Kline still had a tight sore neck, shoulders and daily headaches with numbness in the left arm to the thumb. On examination he found normal strength in the upper extremities and symmetrical reflexes but decreased sensation over the left thumb. Range of motion measurements found significant losses in flexion and extension and moderate losses in lateral flexion and rotation bilaterally.

Utilizing the range of motion method he allowed 12% whole person impairment for specific spine disorders including 10% for single level fusion and 1% each for 2nd and 3rd levels. Range of motion impairments total 16% and sensory deficits total 1% whole person impairment. The combined total was 27% whole person impairment. Apportionment was not allowed.

DISCUSSION/CONCLUSIONS:

Both Dr. Anderson and Dr. Jempsa initially utilized the range of motion method in this case which is proper considering that a multilevel fusion was performed. They also agreed there is 12% whole person impairment utilizing Table 15 – 7 and both concluded there was 1% whole person impairment for sensory deficit in the left C6 distribution. These conclusions are appropriate and supported by the medical record and known pathologies in this case.

However, there was a large discrepancy between the active range of motion findings of Dr. Anderson versus Dr. Jempsa allowing 7% and 16% respectively.

As noted on page 399 of the Guides, "the physician should seek consistency when testing active motion.... Tests with inconsistent results should be repeated. Results that remain inconsistent should be disregarded." On page 375 the Guides it notes: "The physician should record and discuss any physical findings that are inconsistent with the history. Many physical findings are subjective, ie, potentially under the influence of the individual. It is important to appreciate this and not confuse such observations with truly objective findings."

Clearly, Dr. Jempsa's findings were inconsistent with those of Dr. Anderson which are now part of the medical record. He provides no discussion or explanation for the substantial variation. It is well recognized that patients learn from prior rating experience. This can have a great effect when

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findings are "under the influence of the individual" such as active range of motion which requires the full effort and cooperation of the patient to be valid. Consequently, absent an objective basis for the variation, Dr. Anderson's range of motion findings should have priority.

Making an adjustment for the range of motion inconsistency, however, has minimal effect on the final whole person impairment considering that Dr. Anderson recommended the minimum allowance of 25% for fusion under the DRE section. This recommendation is supported on page 380 of the Guides which states: "In the small number of instances in which the range of motion and DRE methods can both be utilized, evaluate the individual with both methods and award the higher rating."

The 2nd issue of concern is apportionment which has a greater impact in this case. Dr. Anderson correctly points out that the patient's cervical pathologies were primarily degenerative in nature and preexisting. This conclusion is further supported by Dr. Hall's opinion on March 16, 2016, in which he noted Ms. Kline's cervical symptoms were initially consistent with a sprain strain and that she recovered completely from the industrial injury with conservative treatments by the end of October 2015. He went on to conclude there is no objective evidence to connect the patient's significant MRI findings of January 13, 2016 with the industrial injury. It is also informative that Ms. Kline had no symptoms or examination findings of neck injury at time of her initial presentation to the ER and was not found to have acute injury related pathologies on MRI.

If the occupational incident had significantly aggravated the patient's preexisting pathologies, the development of radiculopathy symptoms and findings would be expected in the first few days or weeks, not 5 months later. Consequently, it is likely that the patient's radicular symptoms were the result of a natural progression of her significant multilevel degenerative changes rather than the injury.

At any rate, the ultimate need for surgery was primarily the result of pre-existing pathologies. Absent those pre-existing pathologies the patient would not have been a candidate for multilevel cervical diskectomy and fusion. It is the fusion that now forms the basis for the patient's substantial permanent partial impairment. NAC 616C.490, paragraph 6 states that "an apportionment may be allowed if at least 50% of the total present impairment is due to a pre-existing or intervening injury, disease or condition."

Consequently, Dr. Anderson's conclusion that 70% of the patient's impairment allowance should be apportioned to pre-existing pathologies is reasonable and supported by the Guides and NAC 616C.490.

In summary, the impairment conclusions reached by Dr. Anderson are well supported by the medical record, known pathologies, AMA guides and Nevada Administrative Code.

I hope this review has been of assistance. If you have further questions or concerns, please do not hesitate to contact me.

Sincerely,

Jay E. Betz, MD, CIME, CHCQM, FABQAURP
Certified Independent Medical Examiner
Certified Medical Examiner, Federal Motor Carrier Safety Administration
Certified Healthcare Quality Manager
Fellow American Board of Quality Assurance & Utilization Review Physicians

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C853E839641

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
SCENE INFORMATION SHEET
Revised 1H404

Event Number:

Code Revision: 01/01/2011

Accident Number: WASO15-6688

[X] 1) Property [ ] 2) Injury [ ] 3) Fatal

[X] 1) Urban [ ] 2) Rural

[ ] 1) Emergency Use [X] 2) Office Report

[ ] 1) Preliminary Report [X] 2) Initial Report [ ] 3) Resubmission [ ] 4) Supplement Report

[ ] 1) Hit and Run [ ] 2) Private Property

Agency Name: WASHOE COUNTY SO

Collision Date	Time	Day	Beat / Sector	[ ] 1) County [X] 2) City
6 / 25 / 2015	1600	THU	3	RENO

Mile Marker	# Vehicles	# Non Motorists	# Occupants	# Fatalities	# Injured	# Restrained
	2	0	2	0	0	0

Surface: [X] 1) Asphalt [ ] 2) Concrete [ ] 3) Gravel [ ] 4) Dirt [ ] 5) Other

Intersection: [X] 1) Four Way [ ] 2) T-Four Way [ ] 3) T [ ] 4) Y [ ] 5) Roundabout [ ] 6) Other

Paddle Markers: [X] 1) None [ ] 2) Left Side [ ] 3) Right Side [ ] 4) Both Sides [ ] 5) Unknown

Occurred On: (Highway # or Street Name)
[ ] 1) Parking Lot W 6TH ST

THIS REPORT NOT TO BE REPRODUCED

[X] 1) At Intersection With: N VIRGINIA ST

[ ] 2) Or [ ] 3) Feet [ ] 4) Miles [ ] 5) Approximate Of (Cross Street)

Access Control: [ ] 1) None [ ] 2) Full [X] 3) Partial

Roadway Character
[ ] 1) Curve & Grade
[ ] 2) Curve & Hillcrest
[ ] 3) Curve & Level
[ ] 4) Straight & Grade
[ ] 5) Straight & Hillcrest
[X] 6) Straight & Level
[ ] 7) Unknown
[ ] 8) Other

Roadway Conditions
[X] 1) Dry [ ] 7) Slush
[ ] 2) Icy [ ] 8) Standing Water
[ ] 3) Wet [ ] 9) Moving Water
[ ] 4) Snow [ ] 10) Unknown
[ ] 5) Sand / Mud / Oil / Dirt / Gravel
[ ] 6) Other

Total Thru Lanes
Main Road
[ ] 1) One
[ ] 2) Two
[ ] 3) Three
[ ] 4) Four
[ ] 5) Five
[ ] 6) > 5
Total All Lanes:

Average Roadway Widths
Travel Lane: Ft:
Storage / Turn Lane: Ft:
Median: Ft:

Paved Shoulder: Inside / Outside

Roadway Grade
[ ] 1) Not Determined
[X] 2) Relatively Level Roadway
[ ] 3) Up Slope (+)
[ ] 4) Down Slope (-)
Relative To:
Grade: 0.0 %

Pavement Markings and Type
2 1) Centerline, Broken Yellow
2) Centerline, Solid Yellow
3) Centerline, Double Yellow
4) Lane Line, Broken White
5) Lane Line, Solid White
6) No Passing, Either Direction
7) Turn Arrow Symbols
8) Center Turn Lane Line
9) Edge Line, Left, Yellow
10) Edge Line, Right, White
11) Other
[ ] 12) None
[ ] 13) Unknown

Highway Description
[X] 1) Two-Way, Not Divided
[ ] 2) Two-Way, Divided, Unprot. Median
[ ] 3) Two-Way, Divided, Median Barrier
[ ] 4) One-Way, Not Divided
[ ] 5) Unknown
[ ] 6) Off Road

Weather Conditions
[X] 1) Clear [ ] 7) Fog, Smog, Smoke, Ash
[ ] 2) Cloudy [ ] 8) Severe Crosswinds
[ ] 3) Snow [ ] 9) Sleet / Hail
[ ] 4) Rain [ ] 10) Unknown
[ ] 5) Blowing Sand, Dirt, Soil, Snow
[ ] 6) Other

Light Conditions
[ ] 1) Dusk [ ] 6) Dark - No Roadway Lighting
[ ] 2) Dawn [ ] 7) Dark - Spot Roadway Lighting
[X] 3) Daylight [ ] 8) Dark - Continuous Roadway Lighting
[ ] 4) Unknown [ ] 9) Dark - Unknown Roadway Lighting
[ ] 5) Other

Vehicle Collision Type
[ ] 1) Head On [ ] 5) Rear to Rear
[X] 2) Rear End [ ] 6) Sideswipe - Meeting
[ ] 3) Backing [ ] 7) Sideswipe - Overtaking
[ ] 4) Angle [ ] 8) Non - Collision
[ ] 9) Unknown

Location of First Event
[ ] 1) Travel Lane ___ [ ] 6) Outside Shoulder [ ] 11) Ramp
[ ] 2) Turn Lane ___ [X] 7) Intersection [ ] 12) Unknown
[ ] 3) Gore [ ] 8) Private Property
[ ] 4) Median [ ] 9) Roadside
[ ] 5) Inside Shoulder [ ] 10) Other

Highway / Environment Factors
[X] 1) None [ ] 7) Shoulders [ ] 11) Ruts, Holes, Bumps
[ ] 2) Weather [ ] 8) Road Obstruction [ ] 12) Active Work Zone
[ ] 3) Debris [ ] 9) Worn Traffic Surface [ ] 13) Inactive Work Zone
[ ] 4) Glare [ ] 10) Wet, Icy, Snow, Slush [ ] 14) Animal in Roadway
[ ] 5) Other Highway [ ] 15) Unknown
[ ] 6) Other Environmental

Property Damage To Other Than Vehicle
Describe Property Damage: REL TO: CC HSE

Owner's Name: DATE: 7/17/15 [ ] 1) Owner Notified

WASHOE COUNTY SHERIFF'S OFFICE RECEIVED

Owner's Address: (Street Address, City, State, Zip) BY: KV

JUL 20 2015

CCMSI Reno

First Harmful Event
Code #: 217 Description: SLOW/STOPPED VEHICLE

Description of Accident / Narrative
ACCIDENT OCCURRED ON 6TH ST AT N VIRGINIA. V1 REAR-ENDED V2. DRIVER OF V2 SAYS STOPPED ON W 6TH IN LANE 1. DRIVER OF V1 WAS LOOKING LEFT AND STRUCK HER VEHICLE. DRIVER OF V1 SAYS HE WAS REAR-ENDED ON E 6TH IN LANE 2 AND PUSHED INTO V2. NO DAMAGE TO REAR OF V1 CONSISTENT WITH BEING STRUCK. DRIVER OF V1 CITED.

[ ] 1) Continued On Back of Scene Information Sheet

Investigation Complete	Photos Taken	Scene Diagram	Statements	Date Notified	Time Notified	Arrival Date	Arrival Time
[X] 1) Yes [ ] 2) No	[X] 1) Yes [ ] 2) No	[ ] 1) Yes [X] 2) No	[X] 1) Yes [ ] 2) No # 2	6 / 25 / 2015	1606	6 / 25 / 2015	1626

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
Stoess	1960	6 / 27 / 2015	John Hamilton	8 / 30 / 2015	1 of 8

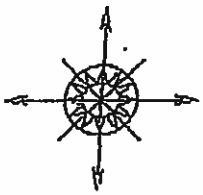
Scene Information

AA 1665

1459 25

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET Revised 1/1/04	Accident Number: WASO15-8869 Agency Name: WASHOE COUNTY SO

Description of Accident / Narrative Continuation



Indicate North

THIS REPORT NOT
TO BE REPRODUCED

A.I.C.: _____

Scene Information

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET
Revised 11/14/04

Event Number:

Accident Number: WASO15-6669

Agency Name: WASHOE COUNTY SO

Vehicle # V1 | # Occupants 1 | [X] 1) At Fault [ ] 2) Non Contact Vehicle

Direction of Travel: [ ] 1) North [ ] 3) East [ ] 5) Unknown [ ] 2) South [X] 4) West

Highway / Street Name: W 6TH ST

Travel Lanes: 2

Vehicle Action: [X] 1) Straight [ ] 3) Left Turn [ ] 5) U-Turn [ ] 7) Wrong Way [ ] 9) Passing [ ] 11) Leaving Parked [ ] 13) Leaving Lane [ ] 15) Enter Parked (2) [ ] 17) Lane Change [ ] 19) Unknown
[ ] 2) Backing [ ] 4) Right Turn [ ] 6) Parked [ ] 8) Stopped (1) [ ] 10) Racing [ ] 12) Entering Lane [ ] 14) Other Turning [ ] 16) Driverless Vehicle [ ] 18) Other

Driver: (Last Name, First Name, Middle Name, Suffix)
TSCHEEKAR, DAVID MARTIN

[redacted]

[redacted]

[X] 1) Male [ ] 3) Unknown
[ ] 2) Female

[redacted]

[X] [ ] [X] License State: 0

Transported By: [X] 1) Not Transported [ ] 2) EMS [ ] 3) Police [ ] 4) Private [ ] 5) Other

Transported To:

Person Type: 1 | Seating Position: 1 | Occupant Restraints: 13

Injury Severity: 0 | Injury Location:

Airbags: 2 | Airbag Switch: | Ejected: 0 | Trapped: 0

Compliance: [ ] 1) Restrict [ ] 2) Endorse

Endorsements | Restrictions

Alcohol/Drug Involvement: [X] 1) Not Involved [ ] 2) Suspected Impairment [ ] 3) Alcohol [ ] 4) Drugs [ ] 5) Unknown

Method of Determination (check up to 2): [ ] 1) Field Sobriety Test [ ] 4) Urine Test [ ] 2) Evidentiary Breath [ ] 5) Blood Test [ ] 3) Driver Admission [ ] 6) Preliminary Breath Test

Test Results:

Driver Factors:
[ ] 1) Apparently Normal [ ] 6) Driver Ill / Injured
[ ] 2) Had Been Drinking [ ] 7) Other Improper Driving
[ ] 3) Drug Involvement [ ] 8) Driver Inattention / Distracted
[ ] 4) Apparently Fatigued / Asleep [ ] 9) Physical Impairment
[ ] 5) Obstructed View [X] 10) Unknown

Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Type:
2001	SUBARU	LEGACY	HATCHBACK 4-DOOR

[redacted] | State: [X] 1) NV | Expiration Date: 1 / 30 / 2016 | Vehicle Color: GRN

[redacted]

Registered Owner Name:
[ ] 1) Same As Driver TSCHEEKAR, DAVID MARTIN

[redacted]

Vehicle Factors:
[ ] 1) Failed To Yield Right Of Way [ ] 9) Failed To Maintain Lane [ ] 16) Driverless Vehicle
[ ] 2) Disregard Control Device [ ] 10) Following Too Close [ ] 17) Unsafe Backing
[ ] 3) Too Fast For Conditions [ ] 11) Unsafe Lane Change [ ] 18) Ran Off Road
[ ] 4) Exceeding Speed Limit [ ] 12) Made Improper Turn [ ] 19) Hit and Run
[ ] 5) Wrong Way / Direction [ ] 13) Over Correct/Steering [ ] 20) Road Defect (1)
[ ] 6) Mechanical Defects [ ] 14) Other Improper Driving [ ] 21) Object Avoidance
[ ] 7) Drove Left Of Center [ ] 15) Aggressive / Reckless / Careless
[ ] 8) Other [X] 22) Unknown (2)

Insurance Company Name:
[X] 1) Insured ALLSTATE

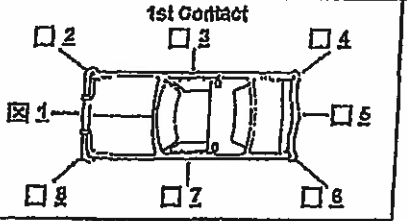
Policy Number: 036869414 | Effective: 5 / 23 / 2015 | To: 11 / 23 / 2015

Insurance Company Address or Phone Number:
800-255-7828

[ ] 1) Vehicle Towed | Towed By:

Removed To:

1st Contact



[ ] 1) Over Ride [ ] 2) Under Ride

Damaged Areas:
[X] 1) Front
[ ] 2) Right Side
[ ] 3) Left Side
[ ] 4) Rear
[ ] 5) Right Front
[ ] 6) Right Rear
[ ] 7) Top
[ ] 8) Under Carriage
[ ] 9) Left Front
[ ] 10) Left Rear
[ ] 11) Unknown
[ ] 12) Other

Traffic Control:
[ ] 1) Speed Zone [ ] 11) Stop Sign
F 2) Signal Light [ ] 12) Yield Sign
[ ] 3) Flashing Light [ ] 13) R. R. Sign
[ ] 4) School Zone [ ] 14) R. R. Gates
[ ] 5) Ped. Signal [ ] 15) R. R. Signal (3)
[ ] 6) No Passing [ ] 16) Marked Lanes
[ ] 7) No Controls [ ] 17) Tire Chains/Snow Req.
[ ] 8) Warning Sign [ ] 18) Permissive Green
[ ] 9) Turn Signal [ ] 19) Unknown
[ ] 10) Other

Distance Traveled After Impact	Speed Estimate From	To	Limit	Extent Of Damage
1 FEET	5	10	25	[X] 1) Minor [ ] 4) Total [ ] 2) Moderate [ ] 5) None [ ] 3) Major [ ] 6) Unknown

Sequence Of Events

	Code #	Description	Collision With Fixed Object	Most Harmful Event
1st	217	SLOW/STOPPED VEHICLE	[ ]	[X]
2nd			[ ]	[ ]
3rd			[ ]	[ ]
4th			[ ]	[ ]
5th			[ ]	[ ]

	Violation	NOC	Citation Number
[ ] 1) NRS [ ] 2) CFR [X] 3) CC / MC [ ] 4) Pending (1) 70.283	DUTY DECREASE SPEED OR USE DUE CARE	64928	
[ ] 1) NRS [ ] 2) CFR [ ] 3) CC / MC (2)			

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
[redacted]ROSS	1960	6 / 27 / 2015	John Hamilton	6 / 30 / 2015	3 of 5

Received
JUL 30 2015
CCMSI Reno

Vehicle Information

AA 1667

1461

27

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 1/14/04	Accident Number: WASO15-6869 Agency Name: WASHOE COUNTY SO

Name: (Last Name, First Name, Middle Name Suffix)	Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other
Street Address:	Transported To:
City: / State / Country ☐ 1) NV / Zip Code:	Person Type: / Seating Position: / Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female / DOB: / / / Phone Number:	Injury Severity: / Injury Location:
	Airbags: / Airbag Switch: / Ejected: / Trapped:
Name: (Last Name, First Name, Middle Name Suffix)	Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other
Street Address:	Transported To:
City: / State / Country ☐ 1) NV / Zip Code:	Person Type: / Seating Position: / Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female / DOB: / / / Phone Number:	Injury Severity: / Injury Location:
	Airbags: / Airbag Switch: / Ejected: / Trapped:
Name: (Last Name, First Name, Middle Name Suffix)	Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other
Street Address:	Transported To:
City: / State / Country ☐ 1) NV / Zip Code:	Person Type: / Seating Position: / Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female / DOB: / / / Phone Number:	Injury Severity: / Injury Location:
	Airbags: / Airbag Switch: / Ejected: / Trapped:

☐ 1) Trailing Unit 1	VIN: THIS REPORT NOT	Plate:	State: ☐ 1) NV	Type:
☐ 1) Trailing Unit 2	VIN: TO BE REPRODUCED	Plate:	State: ☐ 1) NV	Type:
☐ 1) Trailing Unit 3	VIN:	Plate:	State: ☐ 1) NV	Type:

Commercial Vehicle Configuration ☐ 1) Commercial Vehicle ☐ 2) School Bus

☐ 1) Bus, 9 - 15 Occupants	☐ 6) Tractor Only	☐ 11) Tractor / Semi Trailer
☐ 2) Bus, > 15 Occupants	☐ 7) Tractor / Trailer	☐ 12) Passenger Vehicle, (Haz-Mat)
☐ 3) Single 2 Axle and 6 Tire	☐ 8) Tractor / Doubles	☐ 13) Light Truck, (Haz-Mat)
☐ 4) Single > 2 Axle	☐ 9) Tractor / Triples	☐ 14) Other Heavy Vehicle
☐ 5) Any 4 Tire Vehicle	☐ 10) Truck with Trailer	

Source

☐ 1) Driver	☐ 4) State Reg.
☐ 2) Log Book	☐ 5) Side Of Vehicle
☐ 3) Shipping Papers / Trip Manifest	☐ 6) Other

Carrier Name:

Power Unit GVWR: ☐ 1) ≤ 10,000 Lbs ☐ 2) 10,000 - 26,000 Lbs ☐ 3) ≥ 26,000 Lbs ☐ 1) Haz-Mat ☐ 2) Released

Carrier Street Address: | City: | State: ☐ 1) NV

Received JUL 2 0 2015

Cargo Body Type

☐ 1) Pole	☐ 6) Van / Box	☐ 11) Grain, Gravel Chips
☐ 2) Tank	☐ 7) Concrete Mixer	☐ 12) Bus, 9 - 15 Occupants
☐ 3) Flatbed	☐ 8) Auto Carrier	☐ 13) Bus, > 15 Occupants
☐ 4) Dump	☐ 9) Garbage/Refuse	☐ 14) Other
☐ 5) Unknown	☐ 10) Not Applicable	

Haz-Mat ID #:

Hazard Classification #:

Type of Carrier

☐ 1) Single State
☐ 2) USDOT
☐ 3) Canada
☐ 4) Mexico
☐ 5) None

NAS Safety Rep

Carrier Number: CCMSI-Reno

Page 4 of 6

Vehicle Information

AA 1668

Event Number:

Vehicle #: V2 | # Occupants: 1 | ☐ 1) At Fault ☐ 2) Non Contact Vehicle

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET
Revised 1/1/04

Accident Number: WASO15-6669

Agency Name: WASHOE COUNTY SO

Direction of Travel: ☐ 1) North ☐ 3) East ☐ 5) Unknown ☐ 2) South ☒ 4) West

Highway / Street Name: W 6TH ST

Travel Lane #: 2

Vehicle Action: ☐ 1) Straight ☐ 2) Left Turn ☐ 5) U-Turn ☐ 7) Wrong Way ☐ 9) Passing ☐ 11) Leaving Parked ☐ 13) Leaving Lane ☐ 15) Enter Parked (E) ☐ 17) Lane Changing ☐ 19) Unknown ☐ 2) Backing ☐ 4) Right Turn ☐ 6) Parked ☒ 8) Stopped (A) ☐ 10) Racing ☐ 12) Entering Lane ☐ 14) Other Turning ☐ 16) Driverless Vehicle ☐ 18) Other

Driver: (Last Name, First Name, Middle Name - Suffix) KLINE, KIMBERLY MYRENE

Transported By: ☒ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other

Transported To:

[redacted]

☐ 1) Male ☐ 2) Unknown ☒ 2) Female

☒ ☐ ☒

Person Type: 1 | Seating Position: 1 | Occupant Restraints: 13

Injury Severity: 0 | Injury Location:

License Status: 0

Airbags: 2 | Airbag Switched: | Ejected: 0 | Trapped: 0

Compliance: ☐ 1) Restrict ☐ 2) Endorse

Endorsements:

Restrictions:

Alcohol/Drug Involvement: ☒ 1) Not Involved ☐ 2) Suspected Impairment ☐ 3) Alcohol ☐ 4) Drugs ☐ 5) Unknown

Method of Determination (check up to 2): ☐ 1) Field Sobriety Test ☐ 4) Urine Test ☐ 2) Evidentiary Breath ☐ 5) Blood Test ☐ 3) Driver Admission ☐ 6) Preliminary Breath Test

Test Results:

Driver Factors
☒ 1) Apparently Normal ☐ 6) Driver Ill / Injured
☐ 2) Had Been Drinking ☐ 7) Other Improper Driving
☐ 3) Drug Involvement ☐ 8) Driver Inattention / Distracted
☐ 4) Apparently Fatigued / Asleep ☐ 9) Physical Impairment
☐ 5) Obstructed View ☐ 10) Unknown

Vehicle Year: 2008 | Vehicle Make: CHEVROLET | Vehicle Model: COLORADO | Vehicle Type: PICKUP

[redacted] | State: ☒ 1) NV NV | Expiration Date: 12 / 31 / 2015 | Vehicle Color: WHI

[redacted]

Registered Owner Name: ☐ 1) Same As Driver RENO, CITY OF

Registered Owner Address: PO BOX 1900, RENO, NV 89505

Vehicle Factors
☐ 1) Failed To Yield Right Of Way ☐ 9) Failed To Maintain Lane ☐ 16) Driverless Vehicle
☐ 2) Disregard Control Device ☐ 10) Following Too Close ☐ 17) Unsafe Backing
☐ 3) Too Fast For Conditions ☐ 11) Unsafe Lane Change ☐ 18) Ran Off Road
☐ 4) Exceeding Speed Limit ☐ 12) Made Improper Turn ☐ 19) Hit and Run
☐ 5) Wrong Way / Direction ☐ 13) Over Correct/Steering ☐ 20) Road Defect (*)
☐ 6) Mechanical Defects ☐ 14) Other Improper Driving ☐ 21) Object Avoidance
☐ 7) Drove Left Of Center ☐ 15) Aggressive / Reckless / Careless
☐ 8) Other ☒ 22) Unknown (I)

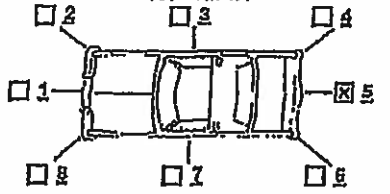
Insurance Company Name: ☒ 1) Insured CITY OF RENO RISK MANAGEMENT

Policy Number: SELF INSURED | Effective: 1 / 1 / 2015 | To: 12 / 31 / 2015

Insurance Company Address or Phone Number: PO BOX 1900

☐ 1) Vehicle Towed | Towed By:

Removed To:

1st Contact


☐ 1) Over Ride ☐ 2) Under Ride

Damaged Areas
☐ 1) Front ☐ 2) Right Side ☐ 3) Left Side ☒ 4) Rear ☐ 5) Right Front ☐ 6) Right Rear ☐ 7) Top ☐ 8) Undercarriage ☐ 9) Left Front ☐ 10) Left Rear ☐ 11) Unknown ☐ 12) Other

Traffic Control
____ 1) Speed Zone ____ 11) Stop Sign
F 2) Signal Light ____ 12) Yield Sign
____ 3) Flashing Light ____ 13) R. R. Sign
____ 4) School Zone ____ 14) R. R. Gates
____ 5) Ped. Signal ____ 15) R. R. Signal (5)
____ 6) No Passing ____ 16) Marked Lanes
____ 7) No Controls ____ 17) Tire Chain/Snow Req.
____ 8) Warning Sign ____ 18) Permissive Green
____ 9) Turn Signal ☐ 19) Unknown
____ 10) Other

Distance Traveled After Impact: 1 FEET

Speed Estimate: From 0 | To 0 | Limit 25

Extent Of Damage
☐ 1) Minor ☐ 4) Total
☒ 2) Moderate ☐ 5) None
☐ 3) Major ☐ 6) Unknown

Sequence Of Events

	Code #	Description	Collision With Fixed Object	Most Harmful Event
1st	217	SLOW/STOPPED VEHICLE	☐	☒
2nd			☐	☐
3rd			☐	☐
4th			☐	☐
5th			☐	☐

☐ 1) NRS ☐ 2) CFR ☐ 3) CC / LC ☐ 4) Pending (1) | Violation | NOC | Citation Number

☐ 1) NRS ☐ 2) CFR ☐ 3) CC / LC | Violation | NOC | Citation Number

Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page
Roess	1960	6 / 27 / 2015	John Hamilton	6 / 30 / 2015	5 of 6

Vehicle Information

1463

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET Revised 1/14/04	Accident Number: WASO15-6689 Agency Name: WASHOE COUNTY SO

Name: (Last Name, First Name, Middle Name Suffix)
Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other
Street Address:
Transported To:
City: | State / Country ☐ 1) NV | Zip Code:
Person Type: | Seating Position: | Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female | DOB: / / | Phone Number:
Injury Severity: | Injury Location:
Airbags: | Airbag Switch: | Ejected: | Trapped:

Name: (Last Name, First Name, Middle Name Suffix)
Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other
Street Address:
Transported To:
City: | State / Country ☐ 1) NV | Zip Code:
Person Type: | Seating Position: | Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female | DOB: / / | Phone Number:
Injury Severity: | Injury Location:
Airbags: | Airbag Switch: | Ejected: | Trapped:

Name: (Last Name, First Name, Middle Name Suffix)
Transported By: ☐ 1) Not Transported ☐ 2) EMS ☐ 3) Police ☐ 4) Unknown ☐ 5) Other
Street Address:
Transported To:
City: | State / Country ☐ 1) NV | Zip Code:
Person Type: | Seating Position: | Occupant Restraints:
☐ 1) Male ☐ 3) Unknown ☐ 2) Female | DOB: / / | Phone Number:
Injury Severity: | Injury Location:
Airbags: | Airbag Switch: | Ejected: | Trapped:

☐ 1) Trailing Unit 1	VIN:	Plate:	State: ☐ 1) NV	Type:
☐ 1) Trailing Unit 2	VIN:	Plate:	State: ☐ 1) NV	Type:
☐ 1) Trailing Unit 3	VIN:	Plate:	State: ☐ 1) NV	Type:

Commercial Vehicle Configuration

☐ 1) Commercial Vehicle ☐ 2) School Bus

☐ 1) Bus, 9 - 15 Occupants
☐ 2) Bus, > 15 Occupants
☐ 3) Single 2 Axle and 6 Tire
☐ 4) Single > 3 Axle
☐ 5) Any 4 Tire Vehicle
☐ 6) Tractor Only
☐ 7) Tractor / Trailer
☐ 8) Tractor / Doubles
☐ 9) Tractor / Triples
☐ 10) Truck with Trailer
☐ 11) Tractor / Semi Trailer
☐ 12) Passenger Vehicle, (Haz-Mat)
☐ 13) Light Truck, (Haz-Mat)
☐ 14) Other Heavy Vehicle

Source

☐ 1) Driver
☐ 2) Log Book
☐ 3) Shipping Papers / Trip Manifest
☐ 4) State Reg.
☐ 5) Side of Vehicle
☐ 6) Other

Carrier Name:

Power Unit GVWR

☐ 1) ≤ 10,000 Lbs ☐ 2) 10,000 - 26,000 Lbs ☐ 3) ≥ 26,000 Lbs
☐ 1) Haz-Mat ☐ 2) Released

Carrier Street Address: | City: | State: ☐ 1) NV | Zip:

Cargo Body Type

☐ 1) Pole
☐ 2) Tank
☐ 3) Flatbed
☐ 4) Dump
☐ 5) Unknown
☐ 6) Van / Box
☐ 7) Concrete Mixer
☐ 8) Auto Carrier
☐ 9) Garbage/Refuse
☐ 10) Not Applicable
☐ 11) Grain, Gravel Chips
☐ 12) Bus, 9 - 15 Occupants
☐ 13) Bus, > 15 Occupants
☐ 14) Other

Haz-Mat ID #:
Hazard Classification #:

Type of Carrier

☐ 1) Single State
☐ 2) USDOT
☐ 3) Canada
☐ 4) Mexico
☐ 5) None

NAS Safety Report #:
Carrier Number:

Page 6 of 6

Vehicle Information

Patient: KLINE, KIMBERLY M Clinical Report - Physicians/Mid Levels
MRN: M001221557Saint Mary's Regional Medical Center
VisitID: V00008267251235 West Sixth Street, Reno, NV 89503 775-770-3188
35y, FRegistration Date/Time: 06/25/2015 18:11

Time Seen: 19:37 Jun 25 2015.
Arrived- By private vehicle. Historian- patient.

HISTORY OF PRESENT ILLNESS
Chief Complaint: BACK INJURY and BACK PAIN. It is described as being moderate in degree (6) and in the area of the upper lumbar spine, mid lumbar spine and lower lumbar spine and radiating to the right thigh and to the left thigh (intermittant). Onset was today and it is still present. No bladder dysfunction, bowel dysfunction, sensory loss or motor loss.
Patient notes an injury. No other injury.

Similar symptoms previously: (had MRI-1 month ago, hx of herniated disc L34 and L45. Was rear ended 1 month ago, sxs nearly resolved. immediate pain in low back after rear ended today while stopped, other car going about 20mph. no airbag deployment. intermittant radiation into B thighs. no radiation past knee. no incontinence. no saddle anesthesias.).

Recent medical care: (Sees chiropractor 2x per week for chronic low back pain).

REVIEW OF SYSTEMS
No fever, chills, difficulty with urination, urinary frequency or hematuria. No skin rash, headache, sore throat, cough or difficulty breathing. No chest pain, abdominal pain, nausea, vomiting or diarrhea.

PAST HISTORY
The patient has had prior back pain. Has had intervertebral disc disease.
PCP: Jennifer Leary.

Problems:
Herniated Disk.

Surgeries: Breast augmentation. (R ankle ligament reconstruction).

Medications:
Birth Control Pills.
Zoloft Oral.
Allergies:
No Known Drug Allergy.

SOCIAL HISTORY
Never smoker. Occasional alcohol use. No drug use.

ADDITIONAL NOTES
The nursing notes have been reviewed.

PHYSICAL EXAM
Vital Signs: Have been reviewed.
Appearance: Alert. Patient in mild distress.
HEENT: Normal external inspection.
Neck: Normal inspection. Neck nontender. Painless ROM.
CVS: Pulses normal.

Respiratory: No respiratory distress. Breath sounds normal.
Abdomen: No visible injury. Soft and nontender.
Back: Mild vertebral point tenderness over the upper, mid and lower lumbar spine. (no stepoff or bony deformities). Mild soft tissue tenderness in the right upper, mid and lower, left upper, mid and lower and upper, mid and lower central lumbar area. No muscle spasm in the back or CVA tenderness.
Skin: Skin warm and dry. Normal skin color. No rash. Normal skin turgor.
Extremities: Extremities exhibit normal ROM. Extremities nontender.
Neuro: Oriented X 3. Mood/affect normal. No motor deficit. No sensory deficit. Reflexes normal.

LABS, X-RAYS, AND EKG
X-Rays: LS spine series.
LS-Spine X-rays: (CLINICAL DATA: pain s/p MVC, hx HNP.

TECHNICAL: AP, lateral, and oblique views the lumbar spine.

COMPARISON: None

FINDINGS:

Vertebral height and alignment are maintained. Disc degenerative changes are noted at L4-5.

If further evaluation is needed, MR is recommended if there are no contraindications.

IMPRESSION:

INTACT ALIGNMENT.

L4-5 DDD.

DICTATED BY: NOH,H M.D.
Date & Time: 06/25/15 2013). The X-rays were interpreted by the radiologist.

PROGRESS AND PROCEDURES
Course Of Care: toradol 60mg IM.

20:37 06/25/15. discussed results, tx options, precautions, work limitations, and return ASAP for worsening pain, numbness, weakness, incontinence, saddle anesthesia etc.
Differential Diagnosis:
I considered injury, Musculo-skeletal strain; contusion, disk protrusion, vertebral fracture, sacroiliac joint strain, sciatica and other etiology as a possible cause of back pain in this patient. This is a partial list of diagnoses considered.

Disposition: Discharged. Condition: stable.

CLINICAL IMPRESSION
Acute lumbar radiculopathy.
Sprain of the lumbar spine.
Acute pain in the lower back.

INSTRUCTIONS

Apply ice. No lifting greater than 10 lbs or no bending or stooping. No strenuous activity.

Warnings: GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise. SPECIFICALLY, return if you develop weakness of the foot or leg, numbness, tingling, pain or incontinence of feces (loss of bowel control) or urine (loss of bladder control).

Prescription Medications:
Flexeril 10 mg: take 1 orally every 12 hours as needed for muscle spasm. Dispense fifteen (15). No refills. Substitution is permissible.

Norco 5 mg / 325 mg tablets: take 1 to 2 orally every 6 hours as needed for pain. Dispense fifteen (15). No refills. Substitution is permissible.

Prednisone 20 mg: take 2 orally every day for 5 days. Dispense ten (10). No refills.

Follow-up:
Return to the emergency department if not better. Follow up with a worker's compensation doctor in two days.

Understanding of the discharge instructions verbalized by patient.

(Electronically signed by Jessica Starr, PA-C 06/25/2015 23:41)

Co-signature. 6/25/2015 23:26
Agree with PA-C/Mid-level finding and plans.
(Electronically signed by Richard Law M.D. - 6/25/2015 23:26)

SAINT MARY'S REGIONAL MEDICAL CENTER
235 W 6th St, Reno, NV 89503
Ph: (775) 770-3000

IMAGING REPORT

PATIENT: KLINE,KIMBERLY M ACCT: V00008267251 MRN: M001221557
DOB: 10/07/1979 LOC: ED ROOM / BED: /
AGE: 35 SEX: F STATUS: REG ER

ORDERING PHYSICIAN: STARR,JESSICA PA-C
ATTENDING PHYSICIAN:
CC: [rep ct name]
PROCEDURE(S): RADIOLOGY - LUMBAR SPINE
EXAM DATE/TIME: 06/25/15 1947
REASON: pain s/p MVC, hx HNP.
ORDER NUMBER(S): 0625-0249, ACCESSION NUMBER(S): 327322.001

CLINICAL DATA: pain s/p MVC, hx HNP.

TECHNICAL: AP, lateral, and oblique views the lumbar spine.

COMPARISON: None

FINDINGS:

Vertebral height and alignment are maintained. Disc degenerative changes are noted at L4-5.

If further evaluation is needed, MR is recommended if there are no contraindications.

IMPRESSION:

INTACT ALIGNMENT.

L4-5 DDD.

DICTATED BY: NOH,H M.D.
Date Time: 06/25/15 2013

ELECTRONICALLY SIGNED BY: NOH, H M.D.
Date Time: 06/25/15 2017

PHYSICIAN'S AND CHIROPRACTOR'S PROGRESS REPORT CERTIFICATION OF DISABILITY

Claim Number:

Social Security Number:

Patient's Name: Kimberly Kline

Date of Injury: 6/25/15

Employer: City of Reno

Name of MCO (if applicable)

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition: hx of herniated disc L3-4-5

Diagnosis: acute lumbar strain

Related to the Industrial Injury? Explain: yes, fell and landed

Objective Medical Findings: tenderness (mid) L 1-2-3-4-5 c (B) mild paraspinal tenderness.

☐ None - Discharged Stable ☐ Yes ☐ No Ratable ☐ Yes ☐ No

☐ Generally Improved ☐ Condition Worsened ☐ Condition Same

May Have Suffered a Permanent Disability ☐ Yes ☐ No

Treatment Plan: Rest, ice, medications, Rev WC 2-3 days. Return to ER PRN for any new concerns

☐ No Change in Therapy ☐ PT/OT Prescribed ☐ Medication May be Used While Working

☐ Case Management ☐ PT/OT Discontinued

☐ Consultation

☐ Further Diagnostic Studies: per WC

☐ Prescription(s) Norco, Flexeril, Prednisone

☐ Released to FULL DUTY/No Restrictions on (Date): _____

☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____

☒ Released to RESTRICTED/Modified Duty on (Date): From: 6/25/15 To: cleared by WC

Restrictions Are: ☐ Permanent ☐ Temporary

Received JUN 26 2015 CCMSI-Reno

☐ No Sitting ☐ No Standing ☐ No Pulling ☐ Other: _____

☒ No Bending at Waist ☐ No Stooping ☐ No Lifting

☒ No Carrying ☐ No Walking ☒ Lifting Restricted to (lbs.): 10 lbs

☐ No Pushing ☐ No Climbing ☐ No Reaching Above Shoulders

Date of Next Visit:	Date of this Exam:	Physician/Chiropractor Name:	Physician/Chiropractor Signature:
WC 2-3 days	6/25/15	LAU, RICHARD	

D-39 (Rev. 7/99)

American Legalnet, Inc. www.FormsWorkflow.com

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED

First Name	M.I.	Last Name	Birthdate	Sex	Claim Number (Insurer's Use Only)
Kimberly	M	Kline	10/07/79	☐M ☒F	

Home Address	Age	Height	Weight	Social Security Number
305 Puma Drive	35	5'7"	160	

City	State	Zip	Telephone
Washoe Valley	NV	89704	775-815-5790

Mailing Address	City	State	Zip	Primary Language Spoken
SAME				

INSURER	THIRD-PARTY ADMINISTRATOR	Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred
		Parking Enforcement

Employer's Name/Company Name	Telephone
City of Reno	334-2424

Office Mail Address (Number and Street): 1640 E Commercial Row

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
6/25/15	am 330 pm	6/25/15		Tim Hendricks

Address or Location of Accident (if applicable): W 6th St @ Virginia

What were you doing at the time of the accident? (if applicable): ED truck - stopped

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary): I was rear-ended

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?

Witnesses to the Accident (if applicable)

Nature of Injury or Occupational Disease	Part(s) of Body Injured or Affected
Car accident	mid back/neck

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Date 6/25/15 Place Employee's Signature Kimberly Kline

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place: Saint Mary Regional Medical Center ER — Name of Facility

Date / Hour	Diagnosis and Description of Injury or Occupational Disease	Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
6/25/15 20:00	acute lumbar strain s/p MVC	☒ No ☐ Yes (If yes, please explain)

Treatment: Meds, rest, ice, Rev WC 2-3 days

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☒ No If no, is the injured employee capable of: ☐ full duty ☒ modified duty
If modified duty, specify any limitations/restrictions: no bending, carrying or lifting > 10lbs until cleared by WC

X-Ray Findings: L-spine: L4 5 DDD, intact alignment

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☐ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:
6/25/15	LAW Richard	

Address				INSURER'S USE ONLY
235 W. 6th St				Received
City	State	Zip	Provider's Tax I.D. Number	Telephone
Reno	NV	89503		7703185
Doctor's Signature			Degree	JUN 26 2015
			MD	Carson-Reno

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 - INSURER/TPA PAGE 3 - EMPLOYER PAGE 4 - EMPLOYEE Form C-4 (rev 10/03)

AA 1676

1470

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SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 06/30/2015 11:15AM	Chart: KLKI000001

Chief Complaint: back - 2nd mva 6-25-15

History of Present Illness:

KIMBERLY KLINE is a 35 female who presents for :.back - 2nd mva 6-25-15.
Patient was involved in a 2nd motor vehicle accident on June 25, 2015 when she was rear-ended at high speed. She was initially seen and treated in the emergency room with x-rays demonstrating degenerative changes in the lower lumbar spine but normal alignment.
Currently the patient reports
1. Neck discomfort -moderate, diffuse, radiation into the right shoulder, associated stiffness.
2. Lumbar and thoracic pain -diffuse, nonradiating, no red flags, no numbness or weakness reported in legs.
Previously patient and responding to chiropractic treatment.

Review of Systems:

GENERAL: Negative
MUSCULOSKELETAL: muscle pain;Stiffness,spine pain
NEUROLOGICAL: Negative

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Medical / Family / Social History:

MEDICAL HISTORY: HEALTHY
Marital Status: Single. Tobacco use: Non-smoker.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Respiratory Rate	Pain	Smoking Status
67.00 in	155.00 lbs.	24:30	139/87	78 bpm	14 rpm	6/10	Never smoker

E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Dr. Scott Hall, MD | Visit: 06/30/2015 11:15AM | Chart: KLKI000001

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
Cervical exam- mild diffuse muscular tenderness to palpation, normal inspection, normal strength and sensation in both arms, normal reflexes throughout both arms , range of motion, flexion 40 degrees, extension 50 degrees, lateral rotation 70 degrees bilaterally with pain at extremes
Lumbar exam - mild diffuse muscular tenderness to palpation, Ford flexion 80 degrees, extension to 10 degrees with pain, normal strength sensation and reflexes in both legs, negative straight-leg test

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION

Plan:

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Imaging: Imaging reviewed and discussed with pt.
Chiropractic
Work status: Full duty
Return visit: 2,week(s)
Additional health information: Previous records reviewed as summarized above
Treatment plan: Conservative treatment

Type	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	OFFICE/OUTPATIENT VISIT.EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 06/30/2015 11:15AM
BODY PART: back - 2nd mva 6-25-15

E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

SpecialtyHealth
SPECIALISTS IN HISPANIC HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 06/30/2015 11:15AM	Chart: KLKI000001

EMPLOYER: CITY OF RENO

Date of injury: 06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions.
CONDITION STABLE? NO
CONDITION RATABLE: NO
Patient missed work on June 29, 2015 because of pain and use of pain medications. Please excuse.

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

REFERRAL SHEET:

Referral from:
SpecialtyHealth, 330 E. Liberty st. #100, Reno, NV 89501
Ph # (775) 398-3630, Fax # (775) 322-2663

Patient name: KIMBERLY KLINE
Home phone #: 775-815-5790
Cell Phone #: 7758155790

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Insurer:
Insurance #:

Date of injury if applicable: 06/3/2015
Claim # if applicable:
Referral for: Chiropractor, evaluate and treat - 6 visits

Referral from: Dr. Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

15853E81800/

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 06/30/2015 11:15AM	Chart: KLKI000001

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 06/30/2015 11:15AM
BODY PART: back - 2nd mva 6-26-15
EMPLOYER: CITY OF RENO

Date of injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO
Patient missed work on June 29, 2015 because of pain and use of pain medications. Please excuse.

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

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E-signed by Dr. Scott Hall, MD on 06/30/2015 11:32AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Maria Brady, DC, RN | Visit: 07/01/2015 10:30AM | Chart: KLKI000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below.The patient reports sclerotogenous referral to the, thigh.Patient states that the onset of this complaint was on a specific day/time.(MVA 6-3-15 rear end 2nd MVA 6-25-15 rear end).The patient stated that the mechanism of injury was acute trauma.(MVA rear end).The patient describes the pain/complaint as cramping, pressure.(cramp, pressure,).The patient describes the severity of the complaint as moderate.(moderate).The complaint is worsening since onset.(constant tightness).The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication.The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting.(bending over and standing).

Chief Complaint: CHIRO BACK 6/6

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Vitals:

Height	Smoking Status
67.00 in	Never smoker

ICD-9:

Type	Code	Description
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.1	SPRAIN THORACIC REGION
ICD-9-CM Condition	728.85	SPASM OF MUSCLE

Type	Code	Modifiers	Quantity	Description
CPT	98941		1.00 UN	CHIROPRACT MANJ 3-4 REGIONS
CPT	97140	25	1.00 UN	MANUAL THERAPY 1/> REGIONS

Subjective:

E-signed by Maria Brady, DC, RN on 07/06/2015 8:33AM

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SpecialtyHealth
SPECIALISTS IN MANAGED HEALTHCARE & PREVENTION

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Maria Brady, DC, RN	Visit: 07/01/2015 10:30AM	Chart: KLKI000001

History of present illness: KIMBERLY KLINE comes in today for a follow up chiropractic visit. KIMBERLY KLINE was involved in a second MVA on 6-25-15. Pt. was rear ended. She was taken that day to St. Mary's ER. Today she complains of lower back back and neck pain with associated headaches. The pain is localized and non-radiating. KIMBERLY KLINE presented to the office on 07/01/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial complaint is; feeling a little worse today. Patient has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are described with the following qualifiers; dull, aching, stiff.

Objective:

neck exam
inspection - pt. looks uncomfortable due to the pain and also because she has a headache
ROM - full in all plains with slight to moderate pain at end range
DTR 2+ bilaterally
strength 5/5 UE bilaterally
sensation intact to light touch
palpation tender to palpation +2 left C2/3 cervical paraspinals, suboccipitals, upper traps, levator scapulae, anterior scalene, SCM
pt. LUMBAR EXAM:
Inspection: normal
ROM: full with pain at end range with extension
Strength: 5/5 bilaterally
Sensation: intact bilaterally to light touch
Reflexes: +2 DTR and achilles bilaterally
negative seated straight leg raise
Palpable tenderness, Taut and tender points, Myofascial pain, Taut fibers were present in the area of the chief complaint.Examination of the spine was done by palpation, joint motion, and observation. Joint fixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S1. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield check: Left short with stays short. POSTURE ANALYSIS FINDINGS: Anterior head carriage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion,

E-signed by Maria Brady, DC, RN on 07/06/2015 8:33AM

Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers. The spinal level of C7 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of C6 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield leg check indicates that that problem is mainly muscular and/or bio-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction. The objective findings at the spinal level of C6 indicate segmental dysfunction. The objective findings at the spinal level of T1 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of L4 indicate segmental dysfunction.

Plan:

Chiropractic adjustments were provided. The goal is to restore bio-mechanical function, resolve neuromuscular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelvis. C7 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T1 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should continue with the prescribed course of care.KIMBERLY KLINE should continue with the prescribed exercises, should continue to walk as instructed.The patient should continue treatment 2x per week for the following 3 weeks.,with a follow up visit next week. The patient received verbal instruction regarding icing at home.

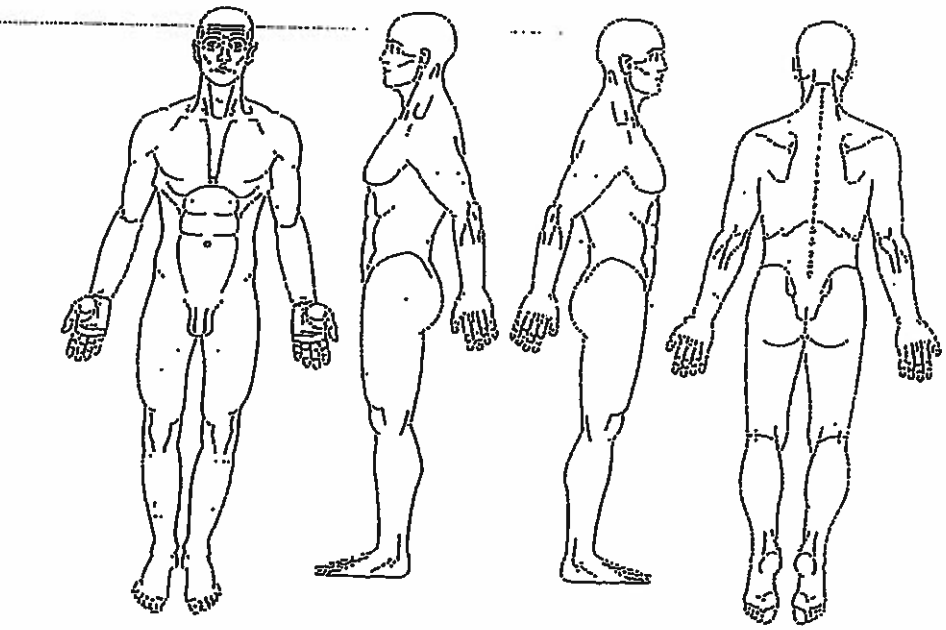
SpecialtyHealth

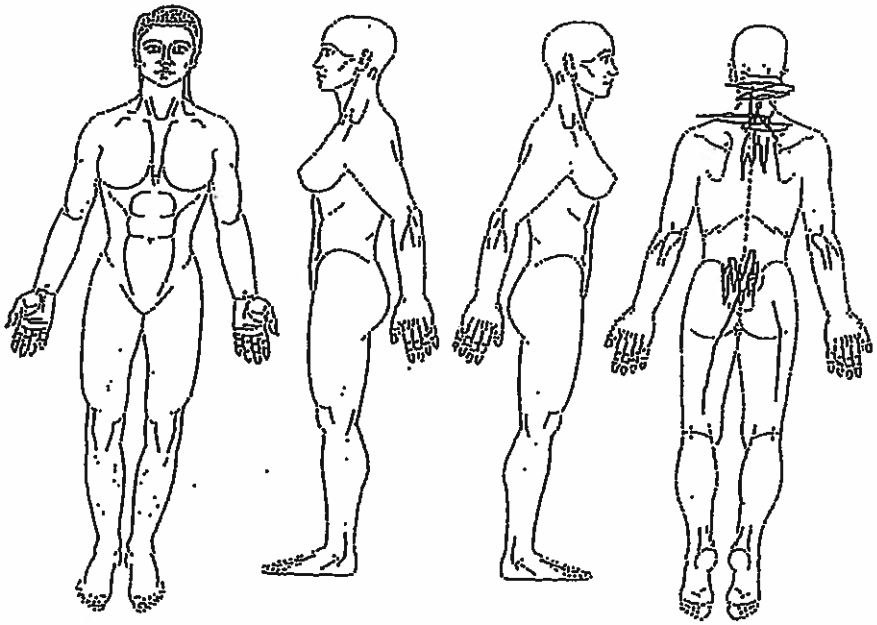
SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Maria Brady, DC, RN

DoB: 10/07/1979
Visit: 07/01/2015 10:30AM

Sex: F
Chart: KLKI000001





E-signed by Maria Brady, DC, RN on 07/06/2015 8:33AM

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SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Maria Brady, DC, RN	Visit: 07/07/2015 10:30AM	Chart: KLKI000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below.The patient reports sclerotogenous referral to the, thigh.Patient states that the onset of this complaint was on a specific day/time.(MVA 6-3-15 rear end 2nd MVA 6-25-15 rear end).The patient stated that the mechanism of injury was acute trauma.(MVA rear end).The patient describes the pain/complaint as cramping, pressure.(cramp, pressure,).The patient describes the severity of the complaint as moderate.(moderate).The complaint is worsening since onset.(constant tightness).The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication.The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting.(bending over and standing).

Chief Complaint: CHIRO BACK add'l 1/6

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Vitals:

Height	Smoking Status
67.00 in	Never smoker

ICD-9:

Type	Code	Description
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.1	SPRAIN THORACIC REGION
ICD-9-CM Condition	728.85	SPASM OF MUSCLE

Type	Code	Modifiers	Quantity	Description
CPT	98941		1.00 UN	CHIROPRACT MANJ 3-4 REGIONS
CPT	97140	25	1.00 UN	MANUAL THERAPY 1/> REGIONS

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Subjective:

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SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Maria Brady, DC, RN | Visit: 07/07/2015 10:30AM | Chart: KLKI00001

History of present illness: KIMBERLY KLINE is back for a chiropractic follow up visit. She states that she is still feeling stiff, but is slightly better since last visit. Her headache is slightly better too. Her lower back is achy and is uncomfortable at night. The pain is localized and non-radiating. KIMBERLY KLINE presented to the office on 07/07/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial complaint is; feeling a little worse today. Patient has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are described with the following qualifiers; dull, aching, stiff.

Objective:

Palpable tenderness, Taut and tender points, Myofascial pain, Taut fibers were present in the area of the chief complaint. Examination of the spine was done by palpation, joint motion, and observation. Joint fixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S.I.. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Defilleld check: Left short with stays short. POSTURE ANALYSIS FINDINGS: Anterior head carriage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion, Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers. The spinal level of C7 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of C6 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

KIMBERLY KLINE responded well to treatment today. We reviewed her home exercises. I recommended that she round her shoulders during the day and do AROM for he spine to help with muscle tension and spinal mobilization. Her progress is slow, but she is improving. She is also getting over a head cold which makes her tired. This should be a good week for recovery for her. I advised her to get some good sleep, plenty of fluids, and do her exercises. I will follow up with her towards the end of the week. I also recommend she sleep on her

E-signed by Marie Brady, DC, RN on 07/07/2015 2:22PM

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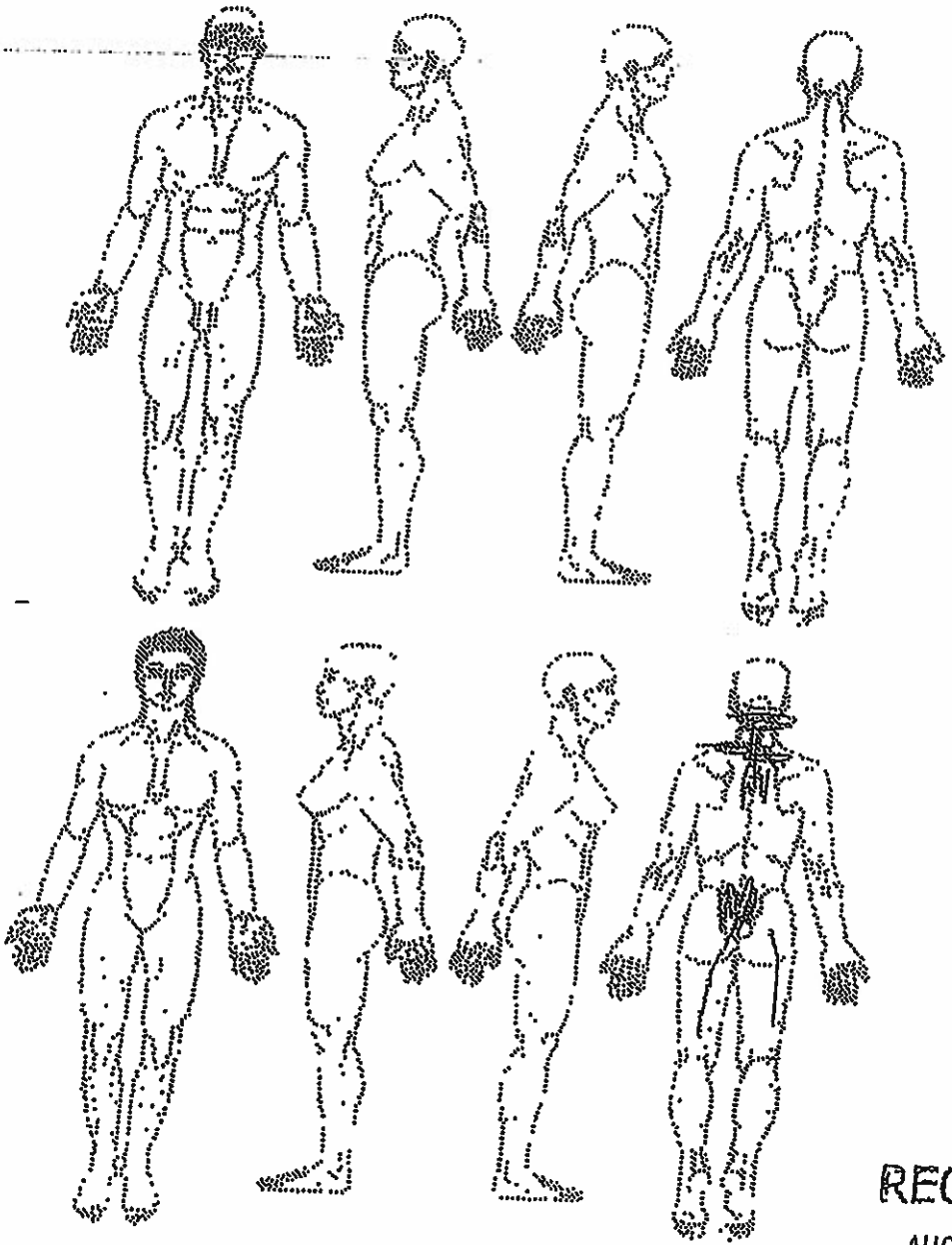
side with a pillow in between her knees for added spinal comfort. Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derifield leg check indicates that that problem is mainly muscular and/or bio-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction. The objective findings at the spinal level of C6 indicate segmental dysfunction. The objective findings at the spinal level of T1 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of L4 indicate segmental dysfunction.

Plan:

Chiropractic adjustments were provided. The goal is to restore bio-mechanical function, resolve neuromuscular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelvis. C7 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T1 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should continue with the prescribed course of care. KIMBERLY KLINE should continue with the prescribed exercises, should continue to walk as instructed. The patient should continue treatment 2x per week for the following 3 weeks, with a follow up visit on Thursday. The patient received verbal instruction regarding icing at home.

E-signed by Maria Brady, DC, RN on 07/07/2015 2:22PM



SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Marla Brady, DC, RN	Visit: 07/09/2015 2:00PM	Chart: KLK100001

KIMBERLY KLINE presented to the office on 07/09/2015 with complaints of neck pain, lower back pain, middle back pain. Patient reported that the initial complaint is; about the same since last visit. Patient has also indicated the following symptoms: headache. Symptoms associated with the chief complaint are: described with the following qualifiers; dull, aching, stiff.

Objective:

Palpable tenderness; Taut and tender points, Myofascial pain, Taut fibers were present in the area of the chief complaint. Examination of the spine was done by palpation, joint motion, and observation. Joint fixations with bio-mechanical alterations of the surrounding areas were noted with hypomobility, and a hard end feel at the following levels: C6, C7, T1, T3, T4, L4, L5, S1. Palpation of the left side of the body showed objective pain, spasm, and change relative to the right side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Palpation of the right side of the body showed objective pain, spasm, and change relative to the left side in the following areas: cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derlfield check: Left short with stays short. POSTURE ANALYSIS FINDINGS: Anterior head carriage Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers was exhibited in the cervical spine. In the lumbar spine, the following objective findings were noted; Decreased range of motion, Tenderness to touch, Hypertonic muscle tone, Hypo-mobile joint function, Taut and tender muscle fibers. The spinal level of C7 was found to have palpatory tenderness, decreased mobility; and hypertonicity. The spinal level of C6 was found to have palpatory tenderness; decreased mobility, and hypertonicity. The spinal level of T1 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of T3 was found to have palpatory tenderness, decreased mobility; and hypertonicity. The spinal level of T4 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L5 was found to have palpatory tenderness, decreased mobility, and hypertonicity. The spinal level of L4 was found to have palpatory tenderness, decreased mobility, and hypertonicity.

Assessment:

KIMBERLY KLINE responded well to treatment today. She is still feeling pretty sore. This last accident seems to be worse than the first one. She states that she was hit harder from the second MVA. She is making slow progress at this time. I will follow up with her next week. We reviewed her home stretches and exercises. Spinal segmental dysfunction was found at C6, C7, T1, T3, T4, L4, L5, S1 necessitating Chiropractic adjusting at those levels. Muscle spasm was noted at the left cervical paraspinals, thoracic paraspinals, lumbar paraspinals. The patient presented with muscle spams at the right cervical paraspinals, thoracic paraspinals, lumbar paraspinals. Derlfield leg check indicates that that problem is mainly muscular and/or bio-mechanical. The objective findings at the spinal level of C7 indicate segmental dysfunction: The objective

E-signed by Marla Brady, DC, RN on 07/10/2015 11:00AM

findings at the spinal level of C6 indicate segmental dysfunction. The objective findings at the spinal level of T1 indicate segmental dysfunction. The objective findings at the spinal level of T3 indicate segmental dysfunction. The objective findings at the spinal level of T4 indicate segmental dysfunction. The objective findings at the spinal level of L5 indicate segmental dysfunction. The objective findings at the spinal level of L4 indicate segmental dysfunction.

Plan:

Chiropractic adjustments were provided. The goal is to restore bio-mechanical function, resolve neuromuscular findings, and enhance the effect of the nervous system; thus reducing the symptomatology and improving the chief complaint. The Derifield leg check should balance with a proper chiropractic adjustment to the pelvis. C7 was adjusted using Palmer Diversified technique. C6 was adjusted using Palmer Diversified technique. T1 was adjusted using Palmer Diversified technique. T3 was adjusted using Palmer Diversified technique. T4 was adjusted using Palmer Diversified technique. L5 was adjusted using Side Posture technique. L4 was adjusted using Side Posture technique. KIMBERLY KLINE should continue with the prescribed course of care. KIMBERLY KLINE should continue with the prescribed exercises, should continue to walk as instructed. The patient should continue treatment 2x per week for the following 3 weeks, with a follow up visit next week. The patient received verbal instruction regarding icing at home.

E-signed by Maria Brady, DC, RN on 07/10/2015 11:00AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Maria Brady, DC, RN | Visit: 07/09/2015 2:00PM | Chart: KLKI000001

CHIRO H&P CC / HPI:

The patient indicated the location of the pain on the diagram below.The patient reports sclerotogenous referral to the, thigh.Patient states that the onset of this complaint was on a specific day/time.(MVA 6-3-15 rear end 2nd MVA 6-25-15 rear end).The patient stated that the mechanism of injury was acute trauma.(MVA rear end).The patient describes the pain/complaint as cramping, pressure.(cramp, pressure,).The patient describes the severity of the complaint as moderate.(moderate).The complaint is worsening since onset.(constant tightness).The patient was able to partially or completely relieve the pain/symptoms through the following method(s): heat, medication.The following conditions/activities are reported to further aggravate the condition/symptoms: specific motion, prolonged static posture, sitting.(bending over and standing).

Chief Complaint: CHIRO BACK add'l 2/6

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Vitals:

Height	Smoking Status
67.00 in	Never smoker

ICD-9:

Type	Code	Description
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.1	SPRAIN THORACIC REGION
ICD-9-CM Condition	728.85	SPASM OF MUSCLE

Type	Code	Modifiers	Quantity	Description
CPT	98941		1.00 UN	CHIROPRACT MANJ 3-4 REGIONS
CPT	97140	25	1.00 UN	MANUAL THERAPY 1/> REGIONS

Subjective:

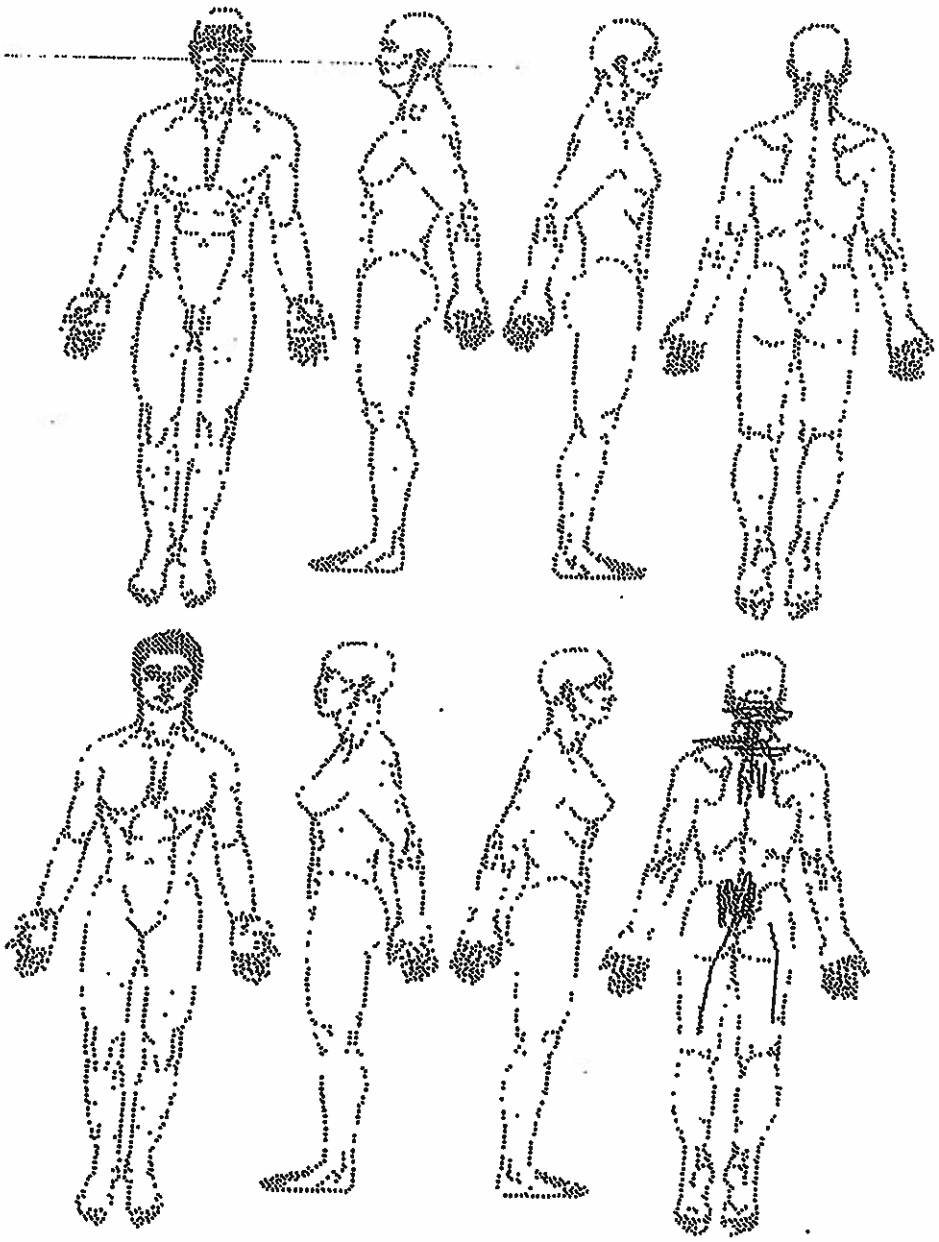
E-signed by Maria Brady, DC, RN on 07/10/2015 11:00AM

Powered by drchrono

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Marla Brady, DC, RN | Visit: 07/09/2015 2:00PM | Chart: KLKI00001



E-signed by Marla Brady, DC, RN on 07/10/2015 11:00AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 07/14/2015 10:45AM	Chart: KLKI000001

Chief Complaint: BACK2 WEEK FOLLOW UP

History of Present Illness:

KIMBERLY KLINE is a 35 female who presents for : BACK2 WEEK FOLLOW UP .
Patient reports ongoing lumbar and neck pain, moderate to severe, associated sleep disruption and stiffness, minimal improvement with chiropractic care, no numbness or weakness.

Review of Systems:

GENERAL: trouble sleeping
MUSCULOSKELETAL: muscle pain,Stiffness,spine pain
NEUROLOGICAL: Negative

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

The emergency room prescribed a prednisone burst, muscle relaxant, and pain medications

Physical Exam:

Height	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	112/84	86 bpm	14 rpm	97.00 %	5/10	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck- normal inspection, mild diffuse muscular tenderness to palpation, grossly normal strength and sensation

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Dr. Scott Hall, MD | Visit: 07/14/2015 10:45AM | Chart: KLKI000001

Lumbar exam -mild tenderness to palpation across the lumbosacral junction bilaterally, normal strength and sensation, normal reflexes in both legs

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK
ICD-9-CM Condition	847.2	SPRAIN LUMBAR REGION

Plan:

Imaging: Imaging reviewed and discussed with pt, images reviewed with pt.
Physical therapy, Evaluate and Treat - 6 visits
Education: Patient informed about treatment plan and instructions
Work status: Full duty
Return visit: 2,week(s)
Treatment plan: Conservative treatment
Patient continues to have back and neck, minimal improvement with chiropractic care, recommendation to try physical therapy, records reviewed and discussed with the patient from her orthopedic evaluation prior to the work injury

Type	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 07/14/2015 10:45AM
BODY PART: BACK2 WEEK FOLLOW UP
EMPLOYER: CITY OF RENO

Date of injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 07/14/2015 10:45AM	Chart: KLKI000001

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 07/14/2015 11:08AM

C C M S I

TO: Kimberly Kline
305 Puma Drive
Washoe Valley, NV 89704

Re: Claim No:	15853E839641
Employer:	City of Reno
Insurer:	City of Reno
TPA:	CCMSI
Date of Injury:	6/25/2015
Date of Notice:	7/23/2015
Accepted Body Part:	Cervical Strain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.065)

Dear Ms. Kline:

The above referenced claim has been accepted on your behalf by CCMSI. Please be advised the diagnosed lumbar strain will not be covered under this claim as you are currently treating under claim number 15853E818001. Please check the information contained in this notice. If you find any of the information to be incorrect, please promptly notify this office.

If you disagree with the above determination you do have the right to appeal by requesting a hearing before a hearing officer by completing the bottom portion of this notice and sending it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed

Department of Administration
Hearing Division
1050 E. William Street, Ste.400
Carson City, NV 89710
(775) 687-5966

OR

Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite.210
Las Vegas, NV 89102
(702) 486-2525

Very truly yours,

Yesenia Martinez
Medical Only Claim Representative

REASON FOR APPEAL:

_____

_____

_____ _____
Signature Date

tain a copy for your records
File, City of Reno, Specialty Health

D-30 (rev. 5/10)

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-9893 www.ccmsi.com

CUSTOM PHYSICAL THERAPY
EVIDENCE - BASED REHABILITATION

INITIAL EVALUATION/PLAN OF CARE
For outpatient rehabilitation

NAME: Kimberly Kline DOB: 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D. THERAPIST: Mark Bruesewitz, P.T.

START OF CARE DATE: 08/05/15

DATE OF ONSET: 06/03/15 TYPE OF THERAPY: Physical Therapy

History: Patient is a 35-year-old female who complains of low back pain with limited mobility along with neck pain and tightness and daily headaches. Patient was rear-ended while driving at work on 06/03/15. Patient had some chiropractic treatments for her low back pain, but the pain continued. Patient was then rear-ended a second time on 08/25/15 causing increased low back pain and increased neck pain and tightness. Patient went to the emergency room and x-rays were negative. Patient currently complains of back pain that averages 4-5/10 and neck pain that averages 2/10. Current functional limitations include the low back occasionally locking up with prolonged positioning and with bending over activities, increased low back pain with walking greater than 5-10 minutes, increased low back and neck pain when sitting and driving for 60 minutes at a time, trouble looking around while driving because of neck pain and inability to lift anything from the ground because of low back pain. Patient works as a parking enforcement officer for the City of Reno and works 10-hour shifts.

Patient Problems:
1. Patient presents with slightly rounded shoulder posture. Standing posture was good with normal lumbar lordosis. Patient demonstrated good heel-toe gait pattern.
2. AROM: Lumbar AROM: Flexion was fingers-to-toes with a "catch and pain" at 30°-40° when going down and coming back up, extension 30° with pain, and side bending was fingers to knee joint line without pain. Cervical AROM: Flexion 50°, extension 50°, right rotation 65° with tightness, left rotation 70°, right side bending 35°, left side bending 30° with tightness.
3. Palpation: There was tenderness and tightness noted over the right cervical paraspinals, suboccipitals, right scalenes and right upper trapezius. There was tenderness over the L3-S1 paraspinals. There was tightness in bilateral iliopsoas. Pelvic asymmetry was noted with a posterior rotation of the left innominate.
4. Bilateral hip weakness (4/5). Bilateral knee and ankle strength was 5/5. Bilateral upper extremity strength was 5/5.
5. Passive straight-leg raise was negative. Seated Slump test was negative. Patient denies any numbness or tingling in extremities. Spurling's test was negative.
6. Back Index score was 52% (normal was 0%).
7. Neck Index score was 24% (normal was 0%).

Assessment:
1. Lumbosacral strain/sprain with pain and decreased ROM.
2. Cervical strain/sprain with pain.

Plan of Treatment: Modalities for pain control, stretching exercises, posture reeducation, manual therapy techniques to decrease pain, therapeutic exercises and therapeutic activity for strengthening, neuromuscular reeducation for core stabilization exercises and home exercise program development.

Short term goals: (2 weeks).
1. Patient will begin a daily stretching program for home.
2. Patient will tolerate 10-15 minutes of treadmill to increase endurance.

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NORTHWEST RENO 1610 Robb Drive, Ste. D5 • Reno, NV 89523 • T: 775.746.9222 • F: 775.746.9224
SOUTH RENO • 11331 South Virginia, Suite 3 • Reno, NV 89511 • T: 775.853.9966 • F: 775.853.9969

CUSTOM PHYSICAL THERAPY
EVIDENCE - BASED REHABILITATION

Long term goals: (4-6 weeks)
1. Decrease Back Index score to ≤ 30%.
2. Decrease Neck Index score to ≤ 15%.
3. Patient will be able to walk at least 30 minutes in the community without increased low back pain.
4. Patient will be independent with home exercise program by discharge.

Goals discussed with patient? Yes. Patient informed of Diagnosis/Prognosis? Yes.

Rehabilitation potential is: Good. Frequency/Duration: 2x/week for 8 weeks.

I certify the need for these services furnished under this plan of care effective the plan care date aforementioned above. The above plan of care is herein established and will be reviewed every 30 days.

Therapist signature: [signature] Date: 8/5/15

Referring Physician signature: [signature] 8/11/15 Date: _____

T: rsdmt.com/GV/TN

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CCMSI - RENO

08-05-15 12:23pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 847.2 847.0

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

8/14/15

Discipline: ______ Tx Time In: 1035

Tx Time Out: 1135 Total Time Based Time: 35

Date: 08 / 05 / 15 # Visits Prior To Today: ____ of ____ Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval	1	F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G005	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H010	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes: ______

SOAP:

Initial Eval

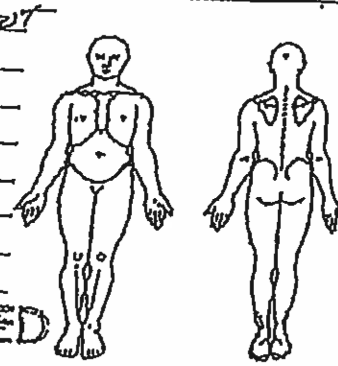
Treatment

1) Pt ed ~ c/s and l/s anatomy → stress/strain, posture review

2) Instructed in home stretching (10 min) (Ther ex) see handout

3) neuromusc re-ed (10')
instruction in core stab for L/s —
transverse abdominus facilitation } see handout
TA exs

4) Manual therapy (15')
STM/MFR — c/s paraspinals, UT releases
L/s — paraspinals, psoas release
MET — pubis; iliac rot



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M Brown PT

THERAPIST / CREDENTIALS

LICENSE NO. 0773

AA 1699

59

1493

08-11-15 03:30pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumb

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

9/5 1/6

Discipline: PT Tx Time In: 1:30

Tx Time Out: 2:40

Total Time Based Time: 60

Date: 08 / 11 / 15 # Visits Prior To Today: 1 of 0 Total Treatment Time: 75

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C006	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend	1	C003	Therapeutic Exercise	2	H018	Custom HFO Static	
D001	Self Care/Home Management							

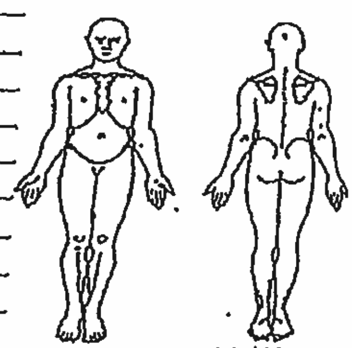
Additional Treatment Codes:

SOAP: S: I have been very sore since the initial visit. Been trying to stretch daily.
6/10 at mid LB

O Per treatment log

A: Very tight/tender suboccipitals.
Tight/tender L3-5 paraspinals. Hypomobile L3-5

P: Monitor response



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LICENSE NO. 0773

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CCMSI - RENO

1494 60

AA 1700

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumb

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 9:00

Tx Time Out: 10:20

Total Time Based Time: 65

Date: 08 / 18 / 15 # Visits Prior To Today: 2 of 12 Total Treatment Time: 80

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F009	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend	1	C003	Therapeutic Exercise	2	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: Pt was not as sore from last visit. I did not sleep well last night — The LB is a little tight today.
My shoulders/neck are tight today.

O: Per treatment log

A: The IFC helped control LB pain. Still very tight in lower L/S and UT's.

P: STM / Jt mobs L/S – C/S; Progressive strengthening and spinal stab.

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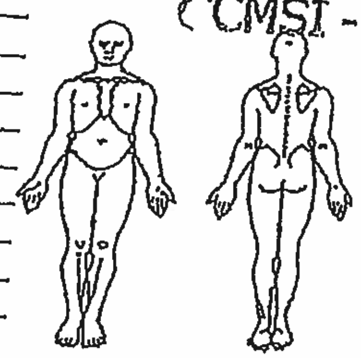
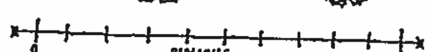




[signature] PT
THERAPIST / CREDENTIALS

LICENSE NO. 0773

12703
08-20-15 12:28pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Name: Kline, Kimberly

Payor Code: A0028 Payor Name: CCMSI

Co - Pay: ______ OR Co - Insurance: ______

Injury #: 001 DX: 8472 Sprains and strains of lumb

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 10:30

Tx Time Out: 11:35

Total Time Based Time: 65

Date: 08 / 20 / 15

Visits Prior To Today: 3 of 12

Total Treatment Time: 06

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WRFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHO Static	
F003	HP/CP (circled)		C002	Neuromuscular Re-Ed	1	H005	Custom WRFO Dynamic	
F004	Estim Unattend	1	C003	Therapeutic Exercise	2	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: Neck is feeling pretty good. Cont c̄ LBP. Feels like a lot of pressure in L/S. No leg sx.

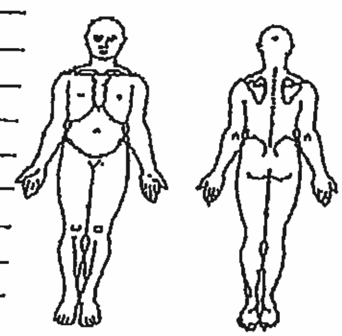
O: [illegible] Pelvis: ↑ post. rotation.

Hypertonic + painful R psoas, QL

Hypomobile L/S

A: Did well c̄ manual tx + lumbo pelvic stab. + pain in prone post

P: ✓ pelvis, lumbo-pelvic stab



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THERAPIST / CREDENTIALS [signature] PT, DPT

LICENSE NO. #2149

0 PAIN SCALE 10

AA 1702

62

1496

No. 0782 P. 11

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | DoB: 10/07/1979 | Sex: F
Provider: Dr. Scott Hall, MD | Visit: 08/20/2015 9:15AM | Chart: KLKI000001

Chief Complaint: CERVICAL STRAIN

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

KIMBERLY KLINE is a 35 female who presents for : CERVICAL STRAIN.
Patient notes improvement in her neck symptoms and describes only mild muscular tightness currently. She reports no arm symptoms. Physical therapy has been helpful and continues.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Oxygen Saturation	Pain	Smoking Status
67.00 in	155.00 lbs	24.30	116/64	72 bpm	97.00 %	3/10	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck exam - normal inspection, mild muscular tenderness to palpation over the trapezius, full motion with grossly normal strength and sensation in the arms

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK

E-signed by Dr. Scott Hall, MD on 08/20/2015 10:25AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 08/20/2015 9:15AM	Chart: KLKI000001

Plan:

Education: Patient agreeable to treatment plan and instructions
Work status: Full duty, MMI
Return visit: Pt to call with questions/problems
Treatment plan: Supportive treatment with recheck if not better
I believe she has done very well with physical therapy and recommend she simply complete her currently approved therapy for her neck, we will monitor her and I have asked her to let me know how her neck does and notify me if there are significant issues.

Type	Code	Modifiers	Quantity	Description
CPT	99213		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 08/20/2015 09:15AM
BODY PART: CERVICAL STRAIN
EMPLOYER: CITY OF RENO

Date of Injury:06/3/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? YES
CONDITION RATABLE: NO

RETURN VISIT: MMI
SIGNED: Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 08/20/2015 10:25AM

12703

08-25-15 04:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075 Co-Pay: _____ OR Co-Insurance: _____

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumbar

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

Discipline: PT Back 0/5

Tx Time In: 2:05

Tx Time Out: 3:05

Date: 08 / 25 / 15 Total Time Based Time: 60

Visits Prior To Today: 4 of 12 Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		E010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H006	Custom WRFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: Still c/o pain/pressure across LB.
Pt had trouble sleeping last night - thus tight neck today.
Overall - pt feels it is getting better.
Pain in neck and LB is less consistent and not as intense.
Neck tightness still comes/goes.
LB - c/o pain/pressure

O: Per treatment log.
Back Index = 36% Neck Index = 28%
Re Eval - see 4/30

A: Decreasing neck pain and improving ROM.
Still weak/sore LB.
Limited forward bending

P: Cont 2x6wk x 6 wks per upon

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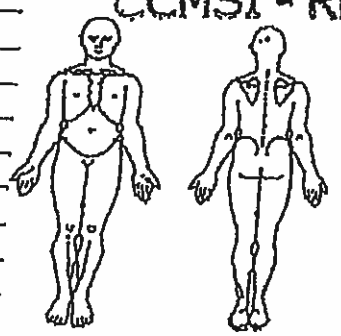

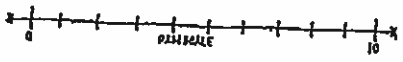

Therapist/Credentials

License No. 0773

CUSTOM PHYSICAL THERAPY
EVIDENCE BASED REHABILITATION

FAXED

UPDATED PLAN OF CARE
For outpatient rehabilitation

PATIENT NAME: Kimberly Kline DOB: 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D. THERAPIST: Mark Bruesewitz, P.T.

DIAGNOSES: 1. Lumbosacral strain/sprain with pain and decreased ROM.
2. Cervical strain/sprain with pain.

DATE OF ONSET: 08/03/15
START OF CARE DATE: 08/05/15
TOTAL VISITS: 6 of 8 approved
DATE OF REEVALUATION: 08/28/15
RECOMMENDED ADDITIONAL VISITS: 12

Evaluation of Progress: Patient reports of steady improvement over the last few weeks. She reports the pain in the neck and low back is less consistent and it is not as intense as before. The neck tightness still comes and goes depending on her activity level. She still complains of pain and pressure across the low back. She has no pain going down the legs. She occasionally has trouble sleeping at night because she is unable to get comfortable. She has been able to look around better while driving, but still has tightness at end range of cervical rotation.

Patient Problems/Status:
1. Patient is becoming more aware of utilizing proper posture throughout the day.
2. Improving lumbar AROM: Flexion was fingers-to-toes with a "catch" at 90° when going into flexion, extension 35° with mild pain and side bending was fingers to knee joint line without pain.
3. Improving cervical AROM: Flexion 65° (was 60°), extension 85° (was 80°), right rotation 75° with tightness at end range (was 65°), left rotation 75° with tightness at range (was 70°), the right side bending 35° and left side bending 35°.
4. Palpation: There was tenderness and tightness noted in the suboccipitals and bilateral upper trapezius. There was tenderness noted in the lumbar paraspinals and gluteals. Pelvic asymmetry was noted with a posterior rotation of the left innominate.
5. Bilateral hip weakness (4+/5). Bilateral knee and ankle strength was 5/5. Bilateral upper extremity strength was 5/6.
6. Back Index score improved to 38% (score was 52% at initial evaluation).
7. Neck Index score remained about the same at 28%.

Were previous goals met? Patient met short-term goals and made good progress toward the long-term goals.

Updated plan of treatment: Modalities as needed for pain control, low back and neck stretching exercises, manual therapy techniques to decrease pain and improve mobility, progressive therapeutic exercise and therapeutic activity to increase strength, neuromuscular reeducation for spinal stabilization exercises, and home exercise program development.

Long-term goals: (4-6 weeks)
1. Decrease Back Index score to < 25% by discharge.
2. Decrease Neck Index score to ≤15% by discharge.
3. Patient will be able to forward bend during ADLs without back pain.
4. Patient will be able to drive the work vehicle throughout the day without increased pain.
5. Patient will be independent with home exercise program by discharge.

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Goals discussed with patient? Yes. Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 8 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: MBruesewitz PT Date: 8/25/15

Referring Physician's signature: [signature] 9/1/15 Date: _____

T: rsdmt.com/GV/MV

C C M S I™

To:
Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

RE: Claim No: 15853E839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015
Date of Notice: 8/27/2015

From: Yesenia Martinez, Medical Only Claims Representative

NOTICE OF INTENTION TO CLOSE CLAIM
(Pursuant to NRS 616C.235)

After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

Nevada Revised Statute (NRS) 616C.390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury. The report must state that your condition has worsened since me of claim closure and that the condition requires additional medical care. Reopening is not effective prior to the date of your request for ening unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

If you disagree with the above determination, you do have the right to appeal. If your appeal concerns "accident benefits" (medical treatment or supplies) and your insurer has contracted with an organization for managed care, complete the bottom portion of this notice and send it to your insurer no later than fourteen (14) days after the date of this notice.

f your appeal concerns "compensation benefits," or if no organization for managed care is involved in your claim, complete the bottom ortion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within eventy (70) days after the date on which the notice of the insurer's final determination was mailed.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-5966

OR

Department of Administration
Hearings Division
2200 S Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

ason for appeal: _____

_____

_____

_____

_____

_____

ature Date

in a copy of this notice for your records.
ile, City of Reno, SMRMC, Specialty Health

es

D-31 (rev. 10/10)

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301

12222
09-01-15 03:58pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumbo

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

Discipline: PT Tx Time In: 8:00

Tx Time Out: 2:55

Date: 09 / 01 / 15 Total Time Based Time: 55

Visits Prior To Today: 5 of 24 Total Treatment Time: 56

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHFO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
0001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: Pt saw MD – PT wants to continue – PT

I have been trying to stretch my LB – but

he may have overdone it

my LB is hurting more lately – pain across

the small of the back

Walking 7 10 min causes the LB pain

neck is stiff – limited rotation

O: for treatment. Log

LB Fax – to toes – "catch pain" at 30° forward bending

Ext – 35° – mild pain

SLR – ok

Tender L5-S1 area + glute

Right UTs

A: Pt gets more pain from prolonged positioning. Weak LB core stab muscles

P: Waiting for addl auth of PT

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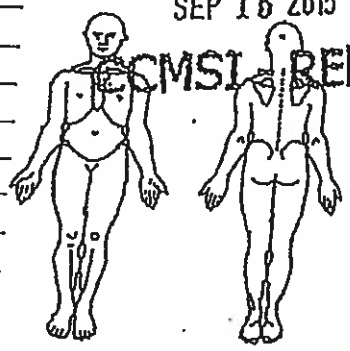
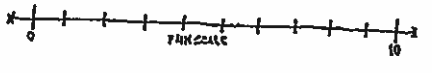




MBeeeeeee PT

THERAPIST / CREDENTIALS

LICENSE NO. 0773

AA 1708

68

1502

12222
09-03-15 11:59am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Name: Kline, Kimberly | Co - Pay: ______ | OR | Co - Insurance: ______

Injury #: 001 | Dx: 8472 Sprains and strains of lumba

Payor Code: A0028 | Payor Name: CCMSI | Financial Class: WCOMP

Appointment Detail

c/c ✓

Discipline: PT

Tx Time In: 10:00

Tx Time Out: 11:00

Total Time Based Time: 60

Date: 09 / 03 / 15

Visits Prior To Today: 6 of 24

Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C006	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WRFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H016	Custom HFO Static	
D001	Self Care/Home Management							

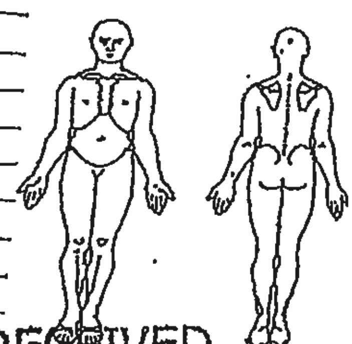
Additional Treatment Codes:

SOAP: S: c/o tightness and pinch in the LB — mid pain in back of legs. Area is not as sore today.

O: Per treatment log
Tight L4-5 — hypomobile PA

A: Focusing on L/S stab exs c

P: Continue c strengthening stab exs



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CCMSI - RENO

1503

AA 1709

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: ________ OR Co - Insurance: ________

Name: Kline, Kimberly

Injury #: 001

Dx: 8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

c/s ls

Discipline: PT

Tx Time In: 1045

Tx Time Out: 1145

Total Time Based Time: 60

Date: 09 / 10 / 15

Visits Prior To Today: 7 of 24

Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		G005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F009	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
D001	Self Care/Home Management							

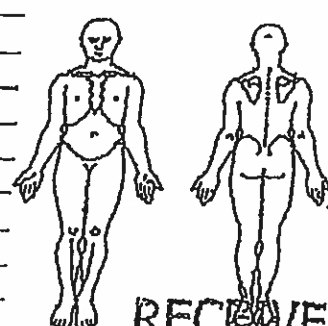
Additional Treatment Codes:

SOAP: S: The lower back is the same - sore and stiff in the LB.
I had ↑'d (R) shld pain for 2-3 days p̄ last session (from the new exs)

O: Rev treatment log
Tightness in L/S paraspinals (R>L)

A: sitting agg pt's LB pain and tightness.
Hypomobile L/S (L3-5)

P: Continue c̄ program



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[signature] PT
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AA 1710

1504

70

Oct. 7. 2015 3:01PM

No. 1995 P. 9/10
10/17
09-14-15 01:28pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumba

Payor Code: A0028 Payor Name: CCMSI Financial Class: WOCMP

Appointment Detail

LB / C/s

Discipline: PT Tx Time In: 11:30

Tx Time Out: 12:20 Total Time Based Time: 50

Date: 09 / 14 /15 # Visits Prior To Today: 8 of 24 Total Treatment Time: 50

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHO Static	
F009	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H018	Custom HFO Static	
D001	Self Care/Home Management							

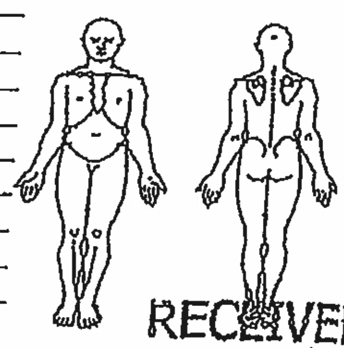
Additional Treatment Codes:

SOAP: S: pt little better c any LB tightness / soreness. Able to sit longer in the truck at work. Still mild (R) shld / UT tightness

O: See treatment log

A: Tight (R) UT. Improving c/s rotation. Pt able to do new exs w/o pain today.

P: Monitor response



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LICENSE NO. 0773

AA 1711

71

1505

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumbo

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

L B. · c/s

Discipline: PT Tx Time In: 10:00

Tx Time Out: 11:15 Total Time Based Time: 60

Date: 08 / 21 / 15 # Visits Prior To Today: 9 of 24 Total Treatment Time: 75

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WHO Static	
F003	HP/CP	1	C002	Neuromuscular Re-Ed	1	H006	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	1	H010	Custom HFO Static	
D001	Self Care/Home Management							

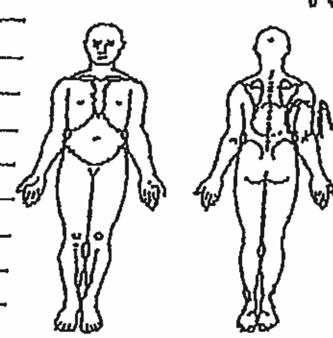
Additional Treatment Codes:

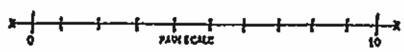
SOAP: S: My (R) shoulder has been killing me – pain in the (R) UT/lev scap area. Also tight scalenes. The back is feeling pretty good today.

O: per treatment log
 c/s ROM – c/s ROM – Flex: 55° ok Ext 45° – pain (R)
 Rot – Rt 60° – pain Lt = 75°
 Taught self trigger point release c C/S dist rotation to help ↑ ROM – ST

A: Flare up of (R) UT / lev scap pain / tightness causing limited rotation to (R) and disturbed sleep

P: Monitor response





[signature]
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LICENSE NO. 0773

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumba

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

LB Neck

Discipline: PT Tx Time In: 10:00

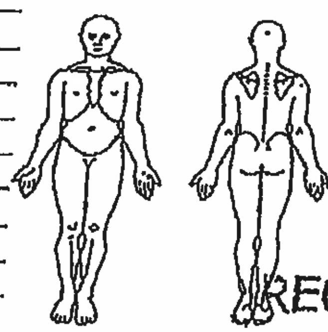
Tx Time Out: 11:05 Total Time Based Time: 65

Date: 09 / 23 / 15 # Visits Prior To Today: 10 of 24 Total Treatment Time: 65

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C007	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes: ______

SOAP: S: The neck is still tight but getting better - Tight (R) UT / lev scap.
My LB is steadily improving
O: Per treatment log
A: Trigger point in (R) UT - limits Rt rotation
P: Re Eval



THERAPIST / CREDENTIALS: [signature] PT

LICENSE NO. 0773

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | **DoB:** 10/07/1979 | **Sex:** F
Provider: Dr. Scott Hall, MD | **Visit:** 09/23/2015 8:45AM | **Chart:** KLKI000001

Chief Complaint: NECK CLAIM

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

KIMBERLY KLINE is a 35 female who presents for : NECK CLAIM .
Patient reports improving neck discomfort, rated 3/10, central without radiation, improving with conservative care including physical therapy and occasional muscle relaxants, no associated symptoms.

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	BMI	Blood Pressure	Pulse	Respiratory Rate	Oxygen Saturation	Pain	Smoking Status
67.00 in	155.00 lbs	24.30	100/70	86 bpm	14 rpm	98.00 %	3/10	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck exam - normal inspection, minimal muscular tenderness to palpation, full motion, normal strength and sensation in both arms

Assessment:

Type	Code	Description
ICD-9-CM Condition	847.0	SPRAIN OF NECK

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE **DoB:** 10/07/1979 **Sex:** F
Provider: Dr. Scott Hall, MD **Visit:** 09/23/2015 8:45AM **Chart:** KLKI000001

Plan:

Referral: Physical therapy, Evaluate and Treat - 6 visits
Work status: Full duty
Return visit: 2,week(s)
Treatment plan: Conservative treatment

Type	Code	Modifiers	Quantity	Description
CPT	99213		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 09/23/2015 08:45AM
BODY PART: NECK CLAIM
EMPLOYER: CITY OF RENO

Date of injury:06/03/2015

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? NO
CONDITION RATABLE: NO

RETURN VISIT: 2 weeks
SIGNED: Scott Hall, MD

REFERRAL SHEET 2:

Referral from:
SpecialtyHealth, 330 E. Liberty st. #100, Reno, NV 89501
Ph # (775) 398-3630, Fax # (775) 322-2663

Patient name: KIMBERLY KLINE
Home phone #: 775-815-5790

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | **DoB:** 10/07/1979 | **Sex:** F
Provider: Dr. Scott Hall, MD | **Visit:** 09/23/2015 8:45AM | **Chart:** KLKI000001

Cell Phone #: 7758155790

Insurer:
Insurance #:

Date of injury if applicable: 06/03/2015
Claim # if applicable:
Referral for: Physical therapy, evaluate and treat - 6 visits
Neck and back strain

Referral from: Dr. Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 09/23/2015 9:00AM

CUSTOM PHYSICAL THERAPY
RELIEVING PAIN. RESTORING FUNCTION

UPDATED PLAN OF CARE
For outpatient rehabilitation

PATIENT: Kimberly Kline DOB: 10/07/79

REFERRING PHYSICIAN: Scott Hall, M.D. THERAPIST: Mark Bruesewitz, P.T.

DIAGNOSES: 1. Lumbosacral strain/sprain with pain and decreased ROM.
2. Cervical strain/sprain with pain.

DATE OF ONSET: 06/03/15

START OF CARE DATE: 08/05/15
TOTAL VISITS: 12

DATE OF REEVALUATION: 09/29/15
RECOMMENDED ADDITIONAL VISITS: 10

Evaluation of Progress: Patient reports of good improvement in her low back pain. Low back pain has decreased to an intermittent basis with APS scale 0-1/10. She reports of decreasing pain in the low back along with improving lumbar mobility. She still gets a mild catch in the low back when coming up from a forward flexed position. She still has mild difficulty and mild low back pain when trying to stand and get her pants on. Patient states that her neck pain was improving until her flare-up approximately 1-1/2 weeks ago. Patient is not sure of what happened, but she began to have increased pain, tightness and spasms in the right neck and upper trapezius area. She had significant tightness with decreased right rotation of the neck for about a week and then symptoms have slowly improved. She continues to report of tightness and pain in the posterior shoulder, upper trapezius region and right neck that limit her neck mobility. She has difficulty lying on her sides because of neck pain and thus has disturbed sleep. Patient has difficulty turning her head to the right to look around while driving or look behind her when backing her car up at work. Neck pain averages 6/10 now (pain was 7-8/10 during the flare-up).

Patient Problems/Status:

1. Patient demonstrates a normal gait pattern. She is more aware of utilizing proper posture during work and daily activities.
2. Improving lumbar AROM: Flexion was fingers-to-the floor with a mild catch in the low back on the way back up, extension 45° and side bending was fingers-to-knee joint line.
3. Limited cervical AROM: Flexion-65° with mild pinch on the right, extension 60°, right rotation 60° with pinching pain in the right neck and upper trapezius area, left rotation 75°, right side bending 45° and left side bending with tightness in the right upper trapezius.
4. Palpation: There was tenderness and tightness noted in the right suboccipitals, C6-C7 paraspinals, right scalenes, right upper trapezius, and right levator scapula. Patient had no tenderness around the low back today.
5. Right shoulder AROM was within normal limits. Right upper extremity strength was 5/5. Right shoulder impingement test was negative.
6. Back Index score was 32% (score was 52% at initial evaluation).
7. Neck Index score remained at 28%.

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By SHMCO at 3:32 pm, Oct 01, 2015

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Were previous goals met? Patient has made good progress in her lumbar pain and symptoms, but made minimal progress in her neck symptoms because of flare-up of symptoms about 1-1/2 weeks ago. Patient is still limited with cervical rotation to the right during ADLs and work activities.

Updated plan of treatment: Modalities as needed for pain control, neck AROM and stretching exercises, manual therapy techniques to decrease pain and improve mobility of the neck and low back, progressive therapeutic exercise and therapeutic activity to increase neck and low back strength, neuromuscular reeducation for spinal stabilization exercises, and home exercise progression.

Long-term goals: (4-6 weeks)
1. Decrease Back Index score to < 25% by discharge.
2. Decrease Neck Index score to < 15% by discharge.
3. Patient will be able to look to the right when driving without neck pain.
4. Patient will be able to sleep for 4-6 hours without increase neck pain.
5. Patient will be independent with home exercise program by discharge.

Goals discussed with patient? Yes. Rehabilitation potential is: Good.

Frequency/Duration: 2x/week for 6 weeks.

I have reviewed this plan of care and recertify a continuing need for services and the patient is under my care. The above updated plan of care is herein established and will be reviewed every 30 days.

Therapist signature: _____ Date: 9/29/15

Referring Physician's signature: _____ 9/30/15 Date: _____

T: rsdmt.com/GV/MV

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OCT 01 2015
CCMSI - RENO

A0221
09-29-15 01:40pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumba

Payor Code: A0026 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

neck Back

Discipline: PT Tx Time In: 235

Tx Time Out: 340 Total Time Based Time: 65

Date: 09 / 29 / 15 # Visits Prior To Today: 11 of 24 Total Treatment Time: 65

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WRFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H008	Custom WRO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: My neck is hurting a lot. Still sharp pain and tightness in (R) neck and post (R) shld. Pt can move the neck better but still hurts. APS – 5/10

Gets a pinch in superior shd c arm elevation. ... aching/cramp is worst c activity

LB – seems to be getting better. Intermittent pain now – not as bad. APS 0-1/10.

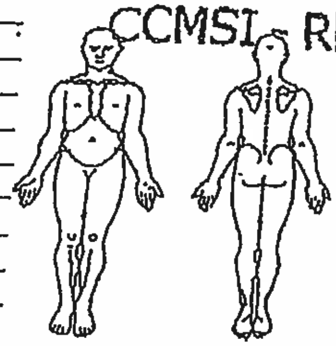
O. Per treatment log

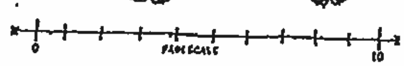
Re Eval – see UPOC

Back Index = 32% Neck Index: 28%

A: Improving LB pain and mobility. (R) neck continues to be painful and limits [illegible] c/s right rotation and limits pt's sleeping.

P: Continue 2x/wk x 3 wks





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OCT 05 2015
CCMSI - RENO

[signature]
THERAPIST / CREDENTIALS

LICENSE NO. 0773

CUSTOM PHYSICAL THERAPY

Mark Bruesewitz, P.T.
Clinic Director

734 S. Meadows Pkwy. Ste. 101
Reno, NV 89521
TEL: (775) 853-9966

OUR FAX#: (775) 853-9969

Date: October 01, 2015
To: Specialty Health Fax#: 324-9893

From: Custom Physical Therapy (South)

Pages (including cover sheet) : 5

Re: Additional authorization
Patient: Kimberly Kline
Date of Birth: 10/07/1979
Ins. I.D.#: ~~15853E8399641~~ 15853E818001

Comments: DOI 6/3/15 for lumbar

** We are requesting authorization for (10) additional Physical Therapy treatments for this patient per the attached Updated Plan of Care –
(2 x a week for 5 weeks). All physician referrals, progress notes, and reports are attached for your review. Please feel free to call or fax us with any questions/authorizations.

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CCMSI - RENO

CCMSI

October 1, 2015

Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

Re: Claim No.: 15853E839641
D.O.I.: 06/25/2015
Employer: City of Reno

Dear Ms. Kline:

We are in receipt of further medical reporting from your physician that indicates you require additional medical treatment for your industrial injury. This letter serves to rescind the previously issued closure notice. Your claim will remain open until such time as your physician discharges you from care.

If you disagree with this determination, you have the right to request a hearing by completing the bottom portion of the enclosed Request for Hearing form, and sending it to the State of Nevada, Department of Administration, Hearings Division, Carson City address, within seventy (70) days from the date of this letter.

If you have questions or wish to discuss this case further, please contact me at the number noted below at extension 1013.

Sincerely,

Yesenia Martinez
Medical Only Claims Representative
CCMSI – Reno, Nevada

cc: File
City of Reno
Specialty Health

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075 Co - Pay: ________ OR Co - Insurance: ________

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumba

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

c/s

Discipline: PT Tx-Time In: 11:30

Tx Time Out: 12:30 Total Time Based Time: 60

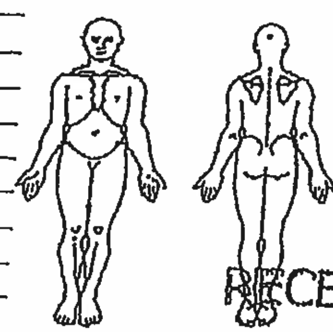
Date: 10 / 05 / 15 # Visits Prior To Today: 12 of 24 Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: My neck is a little better – but still tight on (R) side
My LB is a little tight today – more pain when bending forward to tie shoes.
I have trouble getting up from the floor after sitting c̄ my kids for 5-10 min 2° to LB pain
O: Per treatment log
LS Act Flex = to toes – c̄ catch/pain at 30°

A: Decreased tightness in (R) c/s paraspinals
Tight L4-5, paraspinals
P: Monitor response



THERAPIST / CREDENTIALS: [signature] PT

LICENSE NO. 0773

RECEIVED
OCT 12 2015
CCMSI - RENO

Oct. 8. 2015 1:58PM No. 2040 P. 3
10217
10-07-15 11:02am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075

Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly

Injury #: 001

Dx: 8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

e/s e/s

Discipline: PT

Tx Time In: 900

Tx Time Out: 10:00

Total Time Based Time: 60

Date: 10 / 07 / 15.

Visits Prior To Today: 12 of 24

Total Treatment Time: 60

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	2	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Theraputic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	
0001	Self Care/Home Management							

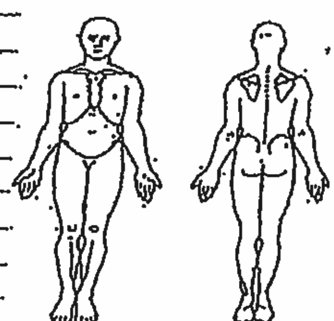
Additional Treatment Codes:

SOAP: S: Neck is not too bad today; stiff c̄ rotation. LB sore/stiff c̄ forward bending movement.

O: see treatment log

A: Hypomobile L4-5-S1.
Trigger point in (R) ut.

P: STM/MFR core stabs / strengthening



THERAPIST/CREDENTIALS: [signature] PT

LICENSE NO. 0773

RECEIVED
OCT 12 2015
CCMSI - RENO

AA 1723

A0221
10-12-15 04:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0028102075

Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly

Injury #: 001

Dx: 8472 Sprains and strains of lumba

Payor Code: A0028

Payor Name: CCMSI

Financial Class: WCOMP

Appointment Detail

Discipline: PT

Tx Time In: 2:00

Tx Time Out: 2:50

Total Time Based Time: 50

Date: 10 / 12 / 15

Visits Prior To Today: 12 of 24

Total Treatment Time: 50

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities	1	H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3c	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes: ______

SOAP: S: low back is a little tight but getting better
neck is feeling good.
O: [illegible]
A: Able to progress core strengthening & pt did well
Significant fatigue. Just no c/o LBP.
P: Progress strengthening as able.

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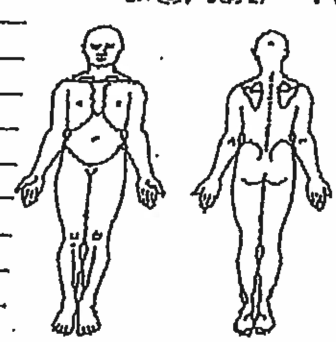
OCT 20 2015
CCMSI - RENO



0 ... 10

THERAPIST / CREDENTIALS: Amy Cumbie PT, DPT

LICENSE NO. #2149

AA 1724

84

1518

12837
10-14-16 11:04am

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: 8472 Sprains and strains of lumba

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

Discipline: PT Tx Time In: 900

Tx Time Out: 1020 Total Time Based Time: 78

Date: 10 / 14 / 15 # Visits Prior To Today: 12 of 24 Total Treatment Time: 70

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities	1	H008	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	2	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes: ______

SOAP: S: Neck is improving – but (R) side of neck is still tighter than the (L).
LB stiffness is improving – still has tightness with leaning over activities

Other treatment log:
Focused on core stab exs and neck exs
New home exs – see pt handouts

A: Pt's [illegible] and upper back fatigue quickly c the exs

P: Cont c core stab 5m/st [illegible]

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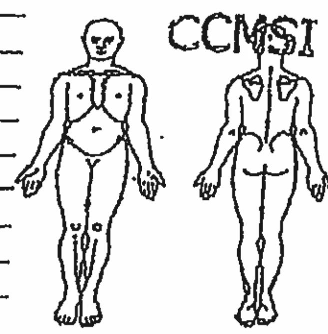
OCT 20 2015
CCMSI - RENO



0 ... 10

[signature] PT
THERAPIST / CREDENTIALS

LICENSE NO. 0773

A0221
10-21-15 01:00pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: ______ OR Co - Insurance: ______

Name: Kline, Kimberly Injury #: 001 Dx: S33.5XXSprain of ligaments of lumba

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

Discipline: PT Tx Time In: 1105

Tx Time Out: 1210 Total Time Based Time: 65

Date: 10 / 21 /15 # Visits Prior To Today: 4 of 8 Total Treatment Time: 65

RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G004	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed	1	H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H010	Custom HFO Static	
D001	Self Care/Home Management							

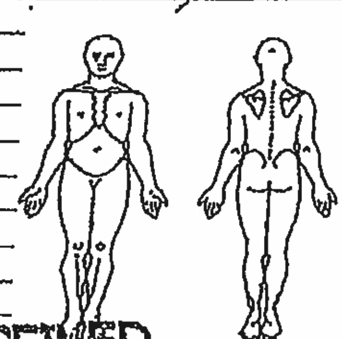
Additional Treatment Codes: ______

SOAP: S: Continued improvement in neck and LB pain.
Neck tightness and pain has significantly improved.
Pt can turn her head during ADL's c̄ minimal
to no pain. Neck can flare up occ if she does
too much. LB is doing better — but still
has a 'catch' at 30° with forward
flexion activities. Still gets LB pain when
trying to put on pants/shoes

O: per treatment log
Re Eval — see upon
Neck Index = 6% Back Index: 32%

A: Good ↑ in c/s AROM
Still mild LB pain c̄ forward bending activity

P: Continue 1 more visit to
finalize and progress HEP



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NOV 12 2015
CCMSI - RENO

[signature] PT
THERAPIST / CREDENTIALS

LICENSE NO. 0773

AA 1726

86

1520

10-26-15 05:03pm

TREATMENT ENCOUNTER NOTE

Patient Information

Account #: 0026102075 Co - Pay: _____ OR Co - Insurance: _____

Name: Kline, Kimberly Injury #: 001 Dx: S33.5XXSprain of ligaments of lumba

Payor Code: A0028 Payor Name: CCMSI Financial Class: WCOMP

Appointment Detail

a/s 4/

Discipline: PT Tx Time In: 300

Tx Time Out: 350 Total Time Based Time: 50

Date: 10 / 26 /15 # Visits Prior To Today: 5 of 8 Total Treatment Time: 50

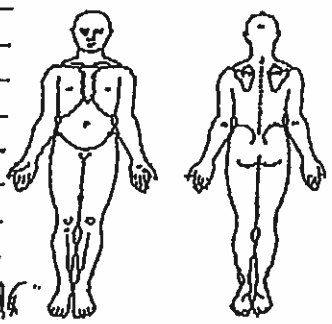
RT Code	Description	Units	RT Code	Description	Units	RT Code	Description	Units
A001	PT Eval		F010	Vasopneumatic Device		C005	Gait Training	
A002	PT Re Eval		G001	Ultrasound		F008	Traction Mechanical	
A003	OT Eval		B001	Manual Therapy	1	H003	Custom WHFO Static	
A004	OT Re Eval		C001	Therapeutic Activities		H006	Custom WHO Static	
F003	HP/CP		C002	Neuromuscular Re-Ed		H005	Custom WHFO Dynamic	
F004	Estim Unattend		C003	Therapeutic Exercise	3	H018	Custom HFO Static	
D001	Self Care/Home Management							

Additional Treatment Codes:

SOAP: S: Pt have been very sick all weekend.
Pt saw MD — last week and was released from his care.
Pt stated the neck is feeling much better.
Pt is doing home exs w/o problems.
The LB is doing better — still occ tightness in LB & forward bending activities (similar to before the accidents).
Pt ready to be discharged to HEP after treatment log
Finalized home exs — reviewed all exs and stretches — corrected ex technique as needed
Added a few exs — see pt handouts
Lowest objective findings rec in the updated POC dated 8/28/15

A: Pt met her rehab goals

P: Pt discharged to HEP



0 PAIN SCALE 10

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NOV 06 2015
CCMSI - RENO

THERAPIST / CREDENTIALS

LICENSE NO #773

AA 1727

87

1521

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE | **DoB:** 10/07/1979 | **Sex:** F
Provider: Dr. Scott Hall, MD | **Visit:** 10/28/2015 2:15PM | **Chart:** KLKI000001

Chief Complaint: CERVICAL CLAIM

History of Present Illness:

Disclaimer: Parts of this note may have been dictated by speech recognition. Minor errors in transcription may be present.

KIMBERLY KLINE is a 36 female who presents for : CERVICAL CLAIM .
Patient reports improvement in her neck without significant symptoms currently, no arm symptoms reported.
She has completed treatment

Medications & Allergies:

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Physical Exam:

Height	Weight	BMI	Blood Pressure
67.00 in	155.00 lbs	24.30	120/68
Pulse	Respiratory Rate	Oxygen Saturation	Smoking Status
87 bpm	14 rpm	97.00 %	Never smoker

CONST: well-appearing, NAD
EYES: EOMI, normal conjunctiva
EARS: grossly normal hearing
RESP: normal respiratory effort
MS: normal gait and station
SKIN: no observed rash/erythema/jaundice
PSYCH: euthymic mood, reactive affect, AO x 3, intact memory, good judgment and insight
MSK: Neck exam -normal inspection, nontender to palpation, full motion with grossly normal strength

Assessment:

Type	Code	Description
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter

E-signed by Dr. Scott Hall, MD on 10/28/2015 3:14PM

RECEIVED

1522

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE
Provider: Dr. Scott Hall, MD

DoB: 10/07/1979
Visit: 10/28/2015 2:15PM

Sex: F
Chart: KLKI000001

Plan:

Work status: Full duty, MMI

Type	Code	Modifiers	Quantity	Description
CPT	99212		1.00 UN	OFFICE/OUTPATIENT VISIT EST

***RETURN TO WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 10/28/2015 02:15PM
BODY PART: CERVICAL CLAIM
EMPLOYER: CITY OF RENO

Date of injury:6-25-15

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? YES
CONDITION RATABLE: NO

RETURN VISIT: MMI
SIGNED: Scott Hall, MD

E-signed by Dr. Scott Hall, MD on 10/28/2015 3:14PM

15853E89644

SpecialtyHealth

SPECIALTY HEALTH CLINIC

Patient: KIMBERLY KLINE	DoB: 10/07/1979	Sex: F
Provider: Dr. Scott Hall, MD	Visit: 10/28/2015 2:15PM	Chart: KLKI000001

***RETURN-TO-WORK:

RETURN TO WORK FOR: KIMBERLY KLINE
DATE OF APPOINTMENT: 10/28/2015 02:15PM
BODY PART: CERVICAL CLAIM
EMPLOYER: CITY OF RENO

Date of Injury:6-25-15

It is the injured worker's responsibility to inform the employer of current work status.
CURRENT RESTRICTIONS: Full duty without restrictions
CONDITION STABLE? YES
CONDITION RATABLE: NO

RETURN VISIT: MMI
SIGNED: Scott Hall, MD

RECEIVED
OCT 29 2015
CCMSI - RENO

E-signed by Dr. Scott Hall, MD on 10/28/2015 3:14PM

C C M S I

To:
Kimberly Kline
305 Puma Dr.
Washoe Valley, NV 89704

RE: Claim No: 15853E839641
Employer: City of Reno
Insurer: City of Reno
TPA: CCMSI
Date of Injury: 6/25/2015
Date of Notice: 11/6/2015

From: Yesenia Martinez, Medical Only Claims Representative

YM

NOTICE OF INTENTION TO CLOSE CLAIM
(Pursuant to NRS 616C.235)

After careful and thorough review of your workers' compensation claim, it has been determined that all benefits have been paid and your claim will be closed effective seventy (70) days from the date of this notice.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments please advise us immediately. You are not being scheduled for a disability evaluation because your doctor has indicated that you do not have a ratable impairment as a result of your above-referenced claim.

Nevada Revised Statute (NRS) 616C.390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury. The report must state that your condition has worsened since the time of claim closure and that the condition requires additional medical care. Reopening is not effective prior to the date of your request for ening unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

ou disagree with the above determination, you do have the right to appeal. If your appeal concerns "accident benefits" (medical treatment .. supplies) and your insurer has contracted with an organization for managed care, complete the bottom portion of this notice and send it to your insurer no later than fourteen (14) days after the date of this notice.

f your appeal concerns "compensation benefits," or if no organization for managed care is involved in your claim, complete the bottom ortion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division. Your appeal must be filed within eventy (70) days after the date on which the notice of the insurer's final determination was mailed.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-5966

OR

Department of Administration
Hearings Division
2200 S Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

ason for appeal: _____

_____

_____

_____

_____ _____

ature Date

in a copy of this notice for your records.
ile, City of Reno, SMRMC, Specialty Health

ures

D-31 (rev. 10/10)

CANNON COCHRAN MANAGEMENT SERVICES, INC. - P.O. Box 20068 - Reno, NV 89515-0068
(775) 324-3301 Fax: (775) 324-9893 www.ccmsi.com

S.O.A.P. Notes
1005

Leading Edge Chiropractic, Ltd.

berly Kline
Puma Dr
ashoe Valley, NV 89704

Patient Information	
Patient	179019 - Kline, Kimberly - CDVL
Date of Birth	10/7/1979
Patient Gender	Female
Social Security	- -2795
Marital Status	Divorced
Occupation	
Illness	1/9/2016
Employed Status	Employed
Employer	

Wednesday, April 27, 2016

larrative Encounter - Exam - Initial (Auto-Recovered) Kline, Kimberly
Wednesday, January 13, 2016 3:19 PM

ubjective

ief Complaint

- Neck pain. (Pain Scale 10 of 10.)

ry of Present Illness

The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ive

ction

skeletal

rrative Encounter - Exam - Initial (Auto-Recovered) Kline, Kimberly

ednesday, January 13, 2016 3:19 PM

- *Grip Strength.* Right hand dominant: first test right hand (75 pounds of force), second test right hand (72 pounds of force), and third test right hand (68 pounds of force), average for right hand is 71.66666 pounds of force first test left hand (40 pounds of force), second test left hand (38 pounds of force), third test left hand (40 pounds of force), average for left hand is 39.33333 pounds of force.
- *Palpations.* A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity). Hypertonic musculature is moderate to severe in the muscles of the posterior neck bilaterally, the occipital muscles bilaterally, and the muscles of the upper back bilaterally. Muscle spasm is moderate to severe in the muscles of the upper back bilaterally and the muscles of the posterior neck bilaterally.
- *Trigger Point.* Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.
- *Range of Motion.* Active cervical range of motion evaluation reveals left lateral flexion of 5/40 degrees with pain, flexion of 15/45 degrees with pain, and extension of 10/55 degrees with pain.
- *Cervical Orthopedic Tests.* Maximum cervical compression test for cervical nerve root compression is positive with radiating pain on the left. Cervical distraction maneuver alleviating neck pain or causing pain irritation is positive with pain relief.
- *Lumbar Orthopedic Tests.* Straight leg raise (positive need not imply neurologic dysfunction - must rule out hamstring injury, lumbar facet injury, sacroiliac injury) is negative. Fajersztajn's well leg raising test for lumbar intervertebral disc herniation or dural sleeve adhesions is negative. Braggard's test for sciatic pain elicitation is negative.

Neurological

- *Sensation.* Dermatome evaluation of the upper extremity reveal: C5 left, C6 left hypoesthesia, and all remaining upper extremity dermatomes are within normal limits. Dermatome evaluation of the lower extremity reveal: dermatome distribution patterns for L1 - S1 vertebral levels are within normal limits bilaterally.
- *Reflexes.* Upper extremity deep tendon reflexes reveal: biceps (C5) on the left +1 (trace/sluggish response) and brachioradialis (C6) on the left +1 (trace/sluggish response). All other cervical spine deep tendon reflexes are within normal limits. Lower extremity deep tendon reflexes reveal: All deep tendon reflexes are within normal limits bilaterally. The pathological reflexes are noted: Babinski's sign: normal and negative. Hoffmann's sign: negative and normal. Ankle clonus: negative and normal.

Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 30lbs with a 20 to 25 degree angle.
- lectrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

tment Plans/Rationale

nosis

rrative Encounter - Exam - Initial (Auto-Recovered)
ednesday, January 13, 2016 3:19 PM

Kline, Kimberly

Assessment

- The patient's response to conservative care - is marginal.

Diagnostic Impressions

- Impression - Examination indicates manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. The MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level and is consistent with a rear-end motor vehicle collision. We will attempt non-surgical spinal decompression at said areas of injury as well as refer her for pain management as she is tearful and cannot seem to find a comfortable position. Should NSSD not prove to eliminate her pain and resolve the numbness, we will refer to a neurosurgeon for a consultation and treatment.

Rationale For Care / Treatment Objectives

- Rationale for treatment and treatment objectives - The cervical short term goals are to decrease level of acute pain, decrease the inflammation, improve activities of daily living, and improve overall function of the affected areas.

Schedule of Care

- Schedule of care - As outlined in previous report.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

rrative Encounter - Decompression
ursday, January 14, 2016 11:06 AM

Kline, Kimberly

bjective

ef Complaint

- Neck pain. (Pain Scale 10 of 10.)

ory of Present Illness

Reno Diagnostic Centers

RDC SIERRA ROSE
625 Sierra Rose Drive
Reno, NV 89511
Phone: (775) 323-5083
Fax: (775) 333-2776

15853E839641

Exam requested by:
Bryan Hansen DC
10635 Professional Circle Ste B
Reno NV 89521

Patient: Kline, Kimberly
Date of Birth: 10-07-1979
Phone: (775) 815-5790
MRN: 407766 Acc: 5111686
Date of Exam: 01-13-2016

MR-Spine Cervical without contrast [16265] - SPINE_C

CLINICAL INDICATION: Motor vehicle collision May 2015. Patient complains of neck pain which has since subsided. Neck pain started again 2 weeks ago with left arm pain, numbness and weakness down to the fingers.

TECHNIQUE: Multiple acquisition parameters were performed to evaluate the cervical spine utilizing the Siemens Espree Wide Bore 1.5 T MRI.

COMPARISON: None.

FINDINGS:
There is straightening of the normal cervical lordosis. There is no malalignment. The vertebral body heights are maintained with degenerative changes at the C5-C6 and C6-C7 levels. The bone marrow signal intensity is preserved. The spinal cord appears normal in caliber and signal intensity. There is no Chiari 1 malformation. The cervical spine is otherwise unremarkable through the C3-C4 level.

C4-C5: There is a shallow disc osteophyte complex indenting upon the thecal sac causing mild canal stenosis (axial series 5 image 13). There is mild right-sided neural foraminal narrowing. There is no significant left-sided neural foraminal narrowing.

C5-C6: There is a large disc protrusion in the left paracentral to subarticular zones causing moderate to severe canal stenosis and left lateral recess stenosis (axial series 5 image 19). There is no significant neural foraminal narrowing bilaterally.

C6-C7: There is a disc protrusion exiting from the central to left subarticular zones (axial series 5 images 23 and 24) indenting upon the cord resulting in effacement of CSF from the ventral and dorsal aspects of the cord causing severe canal stenosis without cord compression. There is bilateral uncovertebral arthropathy causing mild bilateral neural foraminal narrowing.

C7-T1: Unremarkable.

IMPRESSION:
Disc degeneration with large disc protrusions at the C5-C6 and C6-C7 levels resulting in complete effacement of CSF from the ventral and dorsal aspects of the cord with severe canal stenosis without cord compression or abnormal signal intensity in the cord to suggest cord edema or myelomalacia.

Thank you for referring your patient to RDC SIERRA ROSE
Electronically Signed by Swanger, Ronald MD 01-13-2016 8:50 PM

Washoe
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CCMSI - RENO

AA 1735
95
1529

rative Encounter - Decompression

Kline, Kimberly

irsday, January 14, 2016 11:06 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very :tle affect on symptoms.

;jective

mination

culoskeletal

Palpations. A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).

Trigger Point. Palpation of the cervical, thoracic and related spinal musculature reveal: upper trapezius spasm, tenderness, and trigger point is severe bilaterally and cervical paraspinals spasm, tenderness, and trigger point is severe.

des

M50.20 - Other cervical disc displacement, unspecified cervical region

;sment and Plan

ient

l Modalities

)ld pack applied to: the muscles of the posterior neck.

)n-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 40lbs th a 20 to 25 degree angle.

;ical stimulation applied to: the muscles of the posterior neck.

itCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

nt Plans/Rationale

S.O.A.P. Notes
1005

Leading Edge Chiropractic, Ltd.

rative Encounter - Decompression
rsday, January 14, 2016 11:06 AM

Kline, Kimberly

Assessment

- The patient's response to conservative care - is marginal.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As outlined in previous report.

Referrals

- Referred to Zollinger DO, Jeffery (012267) for evaluation, treatment, patient is in a significant amount of pain with numbness in the left UE. She has an MRI on file at RDC which reveals two large disc protrusions at C5-6 and C6-7 with pain consistent with C5-6. If you can get this patient in immediately, I would greatly appreciate it. Meds and or an epidural for pain per your expertise would be terrific.

Thank you,

ed Documents

rratives, Reports, and Letters

- Patient Referrals - New Full Page was printed by Hansen, Bryan C..

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

tive Encounter - Decompression
, January 15, 2016 2:16 PM

Kline, Kimberly

ective

Complaint

Neck pain. (Pain Scale 9 of 10.)

y of Present Illness

irrative Encounter - Decompression

Kline, Kimberly

iday, January 15, 2016 2:16 PM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

bjective

Examination

Musculoskeletal

- *Palpations.* A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
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Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 50lbs with a 20 to 25 degree scoop.

ectrical stimulation applied to: the muscles of the posterior neck.

LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

tment Plans/Rationale

sment

rative Encounter - Decompression — Kline, Kimberly
lay, January 15, 2016 2:16 PM

Prognosis

- Prognosis - remains guarded.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As outlined in initial report.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

ve Encounter - Decompression — Kline, Kimberly
lday, January 18, 2016 10:16 AM

bjective

ief Complaint

- Neck pain. (Pain Scale 8 of 10.)

tory of Present Illness

irrative Encounter - Decompression

Kline, Kimberly

Monday, January 18, 2016 10:16 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

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Examination

Musculoskeletal

- *Palpations.* A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
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Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

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- ectrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

tment Plans/Rationale

ative Encounter - Decompression — Kline, Kimberly
nday, January 18, 2016 10:16 AM

- The patient's response to conservative care - is marginal and Patient responded well to treatment today.

Prognosis

- Prognosis - Remains good and continues to show improvement with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

Schedule of Care

- Schedule of care - As previously stated in initial report.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

ative Encounter - Decompression — Kline, Kimberly
sday, January 19, 2016 3:41 PM

bjective

ef Complaint

- Neck pain. (Pain Scale 8 of 10.)

ory of Present Illness

arrative Encounter - Decompression

Kline, Kimberly

uesday, January 19, 2016 3:41 PM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

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Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ective

amination

usculoskeletal

- *Palpations.* A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
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Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
- Non-Surgical Spinal Decompression therapy using the Z-Grav decompression table was applied to: C5 and C6 at 60lbs with a 20 to 25 degree scoop.
- ctrical stimulation applied to: the muscles of the posterior neck.
- LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

tment Plans/Rationale

sment

ative Encounter - Decompression — Kline, Kimberly

day, January 19, 2016 3:41 PM

- The patient's response to conservative care - is marginal.

Prognosis

- *Prognosis - remains good.*

Diagnostic Impressions

- *Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.*

chedule of Care

- *Schedule of care - Continue as outlined in initial report.*

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

ative Encounter - Decompression — Kline, Kimberly

ednesday, January 20, 2016 10:24 AM

bjective

ief Complaint

- Neck pain. (Pain Scale 7 of 10.)

tory of Present Illness

rrative Encounter - Decompression

Kline, Kimberly

ednesday, January 20, 2016 10:24 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

Duration: Current symptoms started approximately 7 days ago.

Timing: Onset of symptoms: abrupt.

Context: Patient was recently involved in two MVAs while at work which resulted in WC treatment for neck pain and shoulder pain. She was released from care only a few weeks ago. There is a high probability within a medical degree of certainty that Ms. Kline's injuries are related to the rear-end collision she recently sustained.

Modifying factors: The patient's condition is unchanged with therapy. Current medication Vicodin 5-325 with very little affect on symptoms.

ujective

Examination

Musculoskeletal

- *Palpations.* A combination of static and motion palpation reveal: lower cervical spine and mid cervical spine articular fixation bilaterally (moderate to severe indications). A combination of static and motion palpation reveal: mid lumbar spine, lower lumbar spine articular fixation bilaterally (moderate severity), and SI joint articular fixation bilaterally (moderate severity).
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Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

sical Modalities

- Cold pack applied to: the muscles of the posterior neck.
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- Electrical stimulation applied to: the muscles of the posterior neck.
- ightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

tment Plans/Rationale

ssment

rative Encounter - Decompression — Kline, Kimberly
dnesday, January 20, 2016 10:24 AM

Prognosis

- *Prognosis - remains good and continues to improve with treatment.*

Diagnostic Impressions

- *Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.*

Schedule of Care

- *Schedule of care - Continue as stated in initial report.*

Discussion Subjects:

- *Patients reports numbness in her left bicep is gone but continues in her left forearm and thumb.*

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

Narrative Encounter - Decompression — Kline, Kimberly
hursday, January 21, 2016 2:37 PM

ubjective

ief Complaint

- Neck pain. (Pain Scale 6 of 10.)

story of Present Illness

irrative Encounter - Decompression

Kline, Kimberly

hursday, January 21, 2016 2:37 PM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

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)bjective

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Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

'essment and Plan

tment

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-'ectrical stimulation applied to: the muscles of the posterior neck.

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nent Plans/Rationale

ment

ative Encounter - Decompression
rsday, January 21, 2016 2:37 PM

Kline, Kimberly

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

:hedule of Care

- Schedule of care - Continue as stated in initial report.

scussion Subjects:

- Patients reports numbness in her left forearm has subsided, however there is some numbness in her left thumb.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

ative Encounter - Decompression
day, January 25, 2016 11:05 AM

Kline, Kimberly

fective

Complaint

Neck pain. (Pain Scale 6 of 10.)

y of Present Illness

rative Encounter - Decompression

Kline, Kimberly

onday, January 25, 2016 11:05 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

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Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

sessment and Plan

atment

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LightCure Class-4 deep tissue laser therapy applied to: the muscles of the posterior neck.

tment Plans/Rationale

sment

ative Encounter - Decompression — Kline, Kimberly
nday, January 25, 2016 11:05 AM

Prognosis

- Prognosis - Remains good and continues to improve with treatment.

Diagnostic Impressions

- Impression - Patient continues treatment for manifestations of a disc injury between the intervertebral disc space of C5, C6, and C7. Addendum: (2/11/2016) Examination indicates manifestations of a disc injury at C5-6 and C6-7 causing severe left arm and forearm pain with numbness in the forearm and first two digits. MRI done at RDC confirms said impression with two large left paracentral disc protrusions at C5-6 and C6-7 causing severe left NFS at each level. These injuries do appear to be directly related to the recent rear-end type motor vehicle collision.

chedule of Care

- Schedule of care - Continue as stated in initial report.

Hansen M.S., D.C., Bryan C.
Provider of Record and Treating Provider

Jerilyn Cox
Finalizing User

e Encounter - Decompression — Kline, Kimberly
day, January 26, 2016 11:16 AM

jective

f Complaint

Neck pain. (Pain Scale 5 of 10.)

ry of Present Illness

rrative Encounter - Decompression

Kline, Kimberly

uesday, January 26, 2016 11:16 AM

- The patient presents with neck pain.

Associated symptoms: The patient reports associated symptoms of weakness and numbness.

Quality: The patient characterizes the pain as burning, shooting, sharp, and radiating to (the left shoulder, the left forearm, the left thumb, and the left index finger). The patient cannot remain still.

Severity: The patient indicates that the pain is an estimated level ten on a scale of one to ten, ten being the most severe. The severity of the patient's symptoms interferes daily with work, sleeping, routine daily activities, and household activities.

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Codes

- M50.20 - Other cervical disc displacement, unspecified cervical region

'essment and Plan

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